

Today's Date: _____

Date Needed: _____



Jet City Label Quote Request



Company Name: _____

Street Address: _____

City / State / Zip: _____

Phone#: _____ Fax#: _____

Contact's Name: _____

Contact's E-mail: _____

Label Size: _____ # of Colors: _____ Label Shape: _____

Lamination: Yes or No Varnish: Yes or No UV: Yes or No

Stock:	(Please Circle One)	Adhesive:	(Please Circle One)
White Glossy Paper		Permanent	
White Matte Paper		Removable	
Clean Stock		Freezer	
Fluorescent Stock		Special	
Metallic Paper			
Synthetic Tag		Artwork:	(Please Circle One)
PS Tag		Provided	
Direct Thermal		Required	

Quantity _____

Special Instructions _____

