



roll label auto application



DOC#8003/02.26.08

MULTI PACKAGING SOLUTIONS

Customer _____
 Account # _____
 Account Rep _____
Sign _____ **Print Name** _____
Title _____ **Date** _____

LOCATION
LANSING, MICHIGAN
 5800 W. GRAND RIVER AVE.
 LANSING, MI 48906
 PHONE 800.748.0517
 FAX 866.252.8644
 WWW.MULTIPKG.COM

Below specifications are universal for all of your product labels? yes no

If specifications are NOT available, please detail your labeling requirements below:

(attach additional information as needed) _____

PRODUCTS
CARTONS • LABELS-ECL
INSERTS • BLISTER CARDS
SECURITY • MANUALS

PROCESSES
FLEXO • DIGITAL
LETTERPRESS • LITHO
FOILING • EMBOSsing

What is the core diameter needed? _____ inches
 What is the maximum outside diameter for label rolls? _____ inches
 What is the minimum outside diameter for label rolls? _____ inches
 What is the minimum gap size between labels? _____ inches
 What is the maximum number of splices per roll? _____ number of splices

Dispense Position

CHECK ONE to indicate required dispense direction:

Copy Positions 1ñ4
 labels are wound **out**

<input type="radio"/> 1 Top of copy dispenses first	<input type="radio"/> 2 Bottom of copy dispenses first	<input type="radio"/> 3 Right side of copy dispenses first	<input type="radio"/> 4 Left side of copy dispenses first

Copy Positions 5ñ8
 labels are wound **in**

<input type="radio"/> 5 Top of copy dispenses first	<input type="radio"/> 6 Bottom of copy dispenses first	<input type="radio"/> 7 Right side of copy dispenses first	<input type="radio"/> 8 Left side of copy dispenses first

NOTES _____

