

HALLY LABELS QUOTE REQUEST FORM



Company Name: _____ Date: _____
 Address: _____
 _____ Phone: _____
 Contact Name: _____ Email: _____

Here are the details for my Custom Printed Label (tick required options):

Job Type? New Repeat With Change Repeat No Change Previous Product/Order # _____
Description _____

Quantities to Quote 1. _____ 2. _____ 3. _____ 4. _____

Size _____ (mm) x _____ (mm) Must be exact size

Shape Square / Rectangle Circle / Oval Irregular / Special (please provide if possible)

Number of Colours Front _____ Back / Adhesive _____ Liner Print or Sensormark _____

Changeouts - if known Number of Varieties _____ Number of Colour Changes _____

Material - Paper Gloss Matt Direct Thermal Thermal Transfer Textured Metalised _____

Material - Film White PP Clear PP Metalised PP Direct Thermal White PE _____

Adhesive Permanent Removable Repositionable Freezer Unadhesed

Embellishments Gloss Varnish Matt Varnish Gloss Laminate Matt Laminate Back Cut Perforated
 Foil High Build Varnish Silkscreen Emboss Sequential Numbers

Environment Indoor Outdoor Direct Sunlight

Applying Label to Glass Plastic (type if known) _____ Paper Cardboard Hand Applied Machine Applied

Overprinting None Thermal Transfer Direct Thermal Ink Jet Laser _____

Surface Applying to Smooth Rough Chilled Frozen Hot Wet Chemical

End Use Temperature Under -20°C Chiller -4°C Fridge +4°C Ambient +50-100°C +100°C

Finishing Roll Sheet Bundle Dispenser Fan-Fold _____

Core Size (mm) 25 38 41 76 _____ Qty per Finished Unit _____ Supplied # Across _____

Winding (if relevant)

Artwork Supplied Attached Hally to Recreate Hally to Version

GMG Proof Required? Yes No GMG Proof Supplied Existing Label Sample Supplied

Other Information _____

Please scan & email back to us for a quote within 24 hours



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