



CHEMICAL ANALYSIS / ROLLSTOCK QUOTE REQUEST

Must complete!!!!		Opportunity is for:	New Growth	Existing business
Date	<input type="text"/>	Current Supplier	<input type="text"/>	
Salesperson Number	<input type="text"/>	Supplier Code(s)	<input type="text"/>	
Coordinator	<input type="text"/>	Recommendation Required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Customer Name & Number	<input type="text"/>	Chemical Analysis Number	<input type="text"/>	
CRM Opportunity Description	<input type="text"/>	Required Tests		
Direct or Distributor	<input type="text"/>	Composition <input type="text"/>		
State / Province	<input type="text"/>	Other (specify) <input type="text"/>		
Rollstock Widths	<input type="text"/>	Laser Scored?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Product being Packaged	<input type="text"/>	To Be Completed by Technical	Score Depth	<input type="text"/>
Shelf Life Required	<input type="text"/>		Score Side	<input type="text"/>
Is the product being packaged:	Fresh <input type="checkbox"/>	Cooked <input type="checkbox"/>	Frozen <input type="checkbox"/>	
Is the film:	White Pigmented <input type="checkbox"/>	Metallized <input type="checkbox"/>	Antifog <input type="checkbox"/>	Easy Peel <input type="checkbox"/>
Package is exposed to the following:	Boiling <input type="text"/>	Pasteurization <input type="text"/>	Microwaving <input type="text"/>	
	Freezing <input type="text"/>	High Humidity <input type="text"/>		
If boiling, pasteurizing, or microwaving of package takes place, advise the maximum internal temperature obtained during processing temperature and scale (° F / ° C) <input type="text"/> How long is the product thermally processed for? <input type="text"/> minutes				
Machine Type	<input type="text"/>	Core Size <input type="text"/>	Seal Unwind <input type="text"/>	
Complete one of the following application sections:		Is the film subject to zipper application? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lidding Film Application (Film is adhering to tray / tub)				
Tray or tub submitted for analysis? <input type="text"/> If no, what is tray/tub sealant layer? <input type="text"/>				
VFFS / HFFS Application				
Seal Type:	Lap Seal <input type="checkbox"/>	Fin Seal <input type="checkbox"/>	3 or 4 Side Seal <input type="checkbox"/>	
Product Fill Temperature:	<input type="text"/>	Package Weight:	<input type="text"/>	
Thermoforming Application				
Package Parameters:	Perimeter Seal <input type="checkbox"/>	Full Vacuum <input type="text"/>		
	Total Seal <input type="checkbox"/>	Gas Flush <input type="text"/>		
Depth of Draw:	<input type="text"/>			
Is customer satisfied with performance of current rollstock? <input type="text"/>				
If not satisfied, specify performance issues:				
<div style="border: 1px solid black; height: 40px; padding: 5px;">Please tab to continue typing in the next field after three lines of text</div>				

QUOTE INFORMATION

Structure #1

Rollstock Information

Web Width	
Repeat	
Up / Across	
Forming / Non-Forming	
Laser Scoring Y/N	

Previous Order # or Quote Date _____
Please Indicate Any Affiliations _____
Volumes to Quote _____
Estimated Quarterly Usages _____
Estimated Total \$ Value of Cust. _____
Current supplier and pricing _____
Requested Price and Why _____
Indicate Other Competitors _____

If Printed:

(complete print info if sample not submitted for analysis)

Select One	Number of Colors	
	Line	
	Process	
	Solid Ink	
	Multi Color Process	

Quote Unit of Measure _____
Combination Pricing Y/N? _____ If yes, please send print samples
Are Art Designs Existing Y / N _____ Electronic Files Available Y / N 14
Date Quote Required _____
Are Inventory Terms Required _____
Send Quote to Customer or Rep _____
Quote Language (English, Spanish, or French) _____
Bulk Pack Y/N _____

Structure #2

Rollstock Information

Web Width	
Repeat	
Up / Across	
Forming / Non - Forming	
Laser Scoring Y/N	

Previous Order # or Quote Date _____
Please Indicate Any Affiliations _____
Volumes to Quote _____
Estimated Quarterly Usages _____
Estimated Total \$ Value of Cust. _____
Current supplier and pricing _____
Requested Price and Why _____
Indicate Other Competitors _____

If Printed:

(complete print info if sample not submitted for analysis)

Select One	Number of Colors	
	Line	
	Process	
	Solid Ink	
	Opaltone	

Quote Unit of Measure _____
Combination Pricing Y/N? _____ If yes, please send print samples
Are Art Designs Existing Y / N _____ Electronic Files Available Y / N _____
Date Quote Required _____
Are Inventory Terms Required _____
Send Quote to Customer or Rep _____
Quote Language (English, Spanish, or French) _____
Bulk Pack Y/N _____