



Quotation Request Form: Custom Roll

Complete the following form to receive a quote for **Custom Rolls**
If you need Stock Rolls, please email your information to info@ptionaroll.com

Questions?

Phone: 1800.428.3786

Fax your quote request to: **317.228.6401**, or
Email your quote request to info@ptionaroll.com

COMPANY NAME _____

COMPANY CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY/AREA CODE _____ PHONE _____

COUNTRY/AREA CODE _____ FAX _____

EMAIL (required) _____

PTI SALES REP _____

APPLICATION TYPE

- ATM
- CASH REGISTER/POS
- SERVICE STATION/DEBIT/CREDIT
- FINANCIAL (non ATM)
- PARKING TICKET (handheld printer)
- HANDHELD PRINTER (receiptor other non-parking application)
- KIOSK
- MEDICAL/LABORATORY PRINTER
- GAMING/WAGERING

PRINTER TYPE: MAKE _____ MODEL # _____

TYPE OF ORDER:

- NEW ORDER
- EXACT REPEAT (Customer PO# ____ or Date ____ or PTI Order # ____ or Date ____)
- CHANGE REPEAT ORDER (Customer PO# ____ or Date ____ or PTI Order # ____ or Date ____)

PRINTER ROLL REQUIREMENTS

FILL IN UP TO THREE QUANTITIES FOR QUOTATION Q1 _____ Q2 _____ Q3 _____

WIDTH OF ROLL _____

LENGTH OF ROLL _____ or ROLL DIAMETER _____

NUMBER OF PARTS _____

PAPER TYPE EACH PART _____

COLOR OF EACH PART _____

PRINTED YES NO

SENSE MARK REQUIRED YES NO

NUMBER OF COLORS ON EACH PART (count Sensemark as 1)

PART 1 _____ PART 2 _____ PART 3 _____

IMAGE REPEAT _____

NUMBER OF HORIZONTAL PERFORATIONS _____

NUMBER OF VERTICAL PERFORMATIONS _____

CORE I.D./O.D. _____

MATERIAL: FIBER PLASTIC

WARNING MARK REQUIRED YES NO

OTHER REQUIREMENTS

NUMBER OF ROLLS PER CARTON _____

SPECIAL PACKAGING REQUIREMENTS

_____ SHRINKWRAP EACH ROLL _____ INNER CARTONS OF _____ ROLL/CTN

OTHER: _____

COMPOSITION (Check all that apply)

NEGATIVES SUPPLIED CAMERA READY ART SUPPLIED

RESET ART FROM SAMPLE CREAT NEW DESIGN

DATE _____

DATE QUOTE REQUESTED BY _____