



# Label Selection Questionnaire

**FASSON**  
Ideas that work for you™

As part of our unceasing commitment to improve and innovate, this questionnaire is designed to help you zero in on your requirements. Simply complete the form and send it to us to help us better understand your needs and make the optimal recommendations .

## Contact Details

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_(Office) \_\_\_\_\_(Mobile) \_\_\_\_\_(Fax)

## Overview of Requirements

Application Name: \_\_\_\_\_ Annual Volume: \_\_\_\_\_ m<sup>2</sup>  
Order Frequency: \_\_\_\_\_ times/year Size of Label: \_\_\_\_\_ mm X \_\_\_\_\_ m m

## Product to be labeled

Substrate	<input type="checkbox"/> HDPE	<input type="checkbox"/> LDPE	<input type="checkbox"/> PET
	<input type="checkbox"/> Corrugated	<input type="checkbox"/> Glass	<input type="checkbox"/> PET Metal
	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Smooth	<input type="checkbox"/> Textured	
Shape	<input type="checkbox"/> Flat	<input type="checkbox"/> Curved	<input type="checkbox"/> Small Diameter < 50mm
	<input type="checkbox"/> Corner	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Rigid	<input type="checkbox"/> Squeezeable	

Additional Product Details: \_\_\_\_\_  
\_\_\_\_\_

## Facestock

Film	<input type="checkbox"/> White	<input type="checkbox"/> Metal/Foil	
	<input type="checkbox"/> Clear	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	
	<input type="checkbox"/> PP	<input type="checkbox"/> PE	<input type="checkbox"/> Polyolefin
	<input type="checkbox"/> PET	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____
Paper	<input type="checkbox"/> White	<input type="checkbox"/> Fluorescent	
	<input type="checkbox"/> Metal/Foil	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	<input type="checkbox"/> Coated <input type="checkbox"/> Uncoated

Additional Facestock Details: \_\_\_\_\_  
\_\_\_\_\_

## Printing and Converting

Press Printing	<input type="checkbox"/> Flexo – UV <input type="checkbox"/> Flexo – Water	<input type="checkbox"/> Letter Press <input type="checkbox"/> Screen	<input type="checkbox"/> Digital <input type="checkbox"/> Other _____
Variable Information Printing	<input type="checkbox"/> Laser <input type="checkbox"/> Inkjet Printer Model _____	<input type="checkbox"/> Thermal Transfer <input type="checkbox"/> Direct Thermal	<input type="checkbox"/> Impact <input type="checkbox"/> Other _____ Ribbon _____
Die-cutting	<input type="checkbox"/> Rotary Die <input type="checkbox"/> Flatbed Die	<input type="checkbox"/> Laser Die <input type="checkbox"/> Other _____	
Finished Product	<input type="checkbox"/> Roll to Roll <input type="checkbox"/> Layflat	<input type="checkbox"/> Roll to Sheet <input type="checkbox"/> Other _____	

Additional Printing Details: \_\_\_\_\_  
\_\_\_\_\_

## Adhesive

Adhesive Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Removable	<input type="checkbox"/> Repositionable <input type="checkbox"/> Other _____
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Additional Adhesive Details: \_\_\_\_\_  
\_\_\_\_\_

## Environmental and Special Conditions (at time of application/post application)

Application Temperature \_\_\_\_\_ °C

Service Temperature \_\_\_\_\_ °C (Min) to \_\_\_\_\_ °C (Max)

Special Conditions	<input type="checkbox"/> Wet/Moist <input type="checkbox"/> Dirty <input type="checkbox"/> Other _____	<input type="checkbox"/> High Humidity <input type="checkbox"/> Dusty	<input type="checkbox"/> Outdoor
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Special Label Requirements	<input type="checkbox"/> Direct Food <input type="checkbox"/> Solvent Resist <input type="checkbox"/> Other _____	<input type="checkbox"/> Pasteurisable <input type="checkbox"/> UV Resist	<input type="checkbox"/> Oils
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Other Environmental or Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

## Application Method

Applicator	<input type="checkbox"/> Automatic _____ (speed) <input type="checkbox"/> Other _____	<input type="checkbox"/> Hand/Manual	Special Conditions	<input type="checkbox"/> Fresh Blown Containers <input type="checkbox"/> Hot Fill Containers
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Other Application Method Details: \_\_\_\_\_  
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Send this form to your local Avery Dennison sales representative and we will contact you shortly.

While we make every effort to ensure that the best label is chosen for your business, varying conditions may affect the label recommended.