



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

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

## Adhesive

Adhesive Type	<input type="checkbox"/> Permanent	<input type="checkbox"/> Repositionable
	<input type="checkbox"/> Removable	<input type="checkbox"/> Other _____

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"/> High Humidity	<input type="checkbox"/> Outdoor
	<input type="checkbox"/> Dirty	<input type="checkbox"/> Dusty	
	<input type="checkbox"/> Other _____		

Special Label Requirements	<input type="checkbox"/> Direct Food	<input type="checkbox"/> Pasteurisable	<input type="checkbox"/> Oils
	<input type="checkbox"/> Solvent Resist	<input type="checkbox"/> UV Resist	
	<input type="checkbox"/> Other _____		

Other Environmental or Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

## Application Method

Applicator	<input type="checkbox"/> Automatic _____ (speed)	<input type="checkbox"/> Hand/Manual	Special Conditions	<input type="checkbox"/> Fresh Blown Containers
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Hot Fill Containers

Other Application Method Details: \_\_\_\_\_  
\_\_\_\_\_

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.