Overprinting labels questionnaire to print and return completed by mail at info@repiquage.com

| Presentation                                      | SINGLE | ADHESIVE PAPER | ROLL |
|---|--------|----------------|------|
| Support: kromekote, vellum, polypro, e            | etc    |                | •    |
| Adhesive: permanent, removable, without           |        |                |      |
| Format of cutting in mm (width x advan            |        |                |      |
| Varnished   | 100)   | YES            | NO   |
| Stripping   |        | YES            | NO   |
|   |        | I E3           | INO  |
| Overprinting colour number Desired colour         |        |                |      |
| Desired Colour                                    |        |                |      |
| <u>Service</u>                                    |        |                |      |
| Total quantity of labels to codify                |        |                |      |
| Numbers of series of labels                       |        |                |      |
| Feel unfolding of the label                       |        |                |      |
| see diagram choosing the figure 1 to 8            |        |                |      |
| see diagram choosing the figure 1 to 0            |        |                |      |
| •1 A •3 •4 64 64 64 64 64 64 64 64 64 64 64 64 64 |        |                |      |
| • 5   |        | 7              | 8)   |
| Maximum Ø external in mm of the r                 | eels   |                |      |
| Internal Ø of the chuck paperboard of the reel    |        | 40             | 76   |
| PC files provided by you (.ai or pdf)             |        | YES            | NO   |
| Desired time                                      |        |                | 110  |
|   |        |                |      |
| Additional comments                               |        |                |      |
| Your address                                      |        |                |      |
| Company   |        |                |      |
| Postal address                                    |        |                |      |
|   |        |                |      |
| Zip code  |        |                |      |
| City  |        |                |      |
| Phone number                                      |        |                |      |
| Email   |        |                |      |
| Name  |        |                |      |