

Product Request Form

Please provide as much of the information below as known. After submitting this form someone from Strata-Tac will contact you with a product recommendation.

Contact Details

Company Name: _____ Contact Name: _____
Contact #: _____ Contact Email: _____

Project Information

Current product or product specification: _____
Est Annual Volume (MMSI): _____ Order Frequency: _____
Price Point (if known): _____

Product Application

Applying to: HDPE LDPE PET Corrugated Glass PVC Painted Metal
Textured Varnished Waxed Other _____
Surface detail: Flat Curved Tight Diameter Corner Round Rigid
Other _____

Additional Details: _____

Face Stock

Face: Film Paper
Properties: White Clear Gloss Matte Metalized Other _____
Polypropylene Polyester Polyolefin Polystyrene
Top coated Non Top coated Other (describe) _____

Additional Details: _____

Adhesive

Adhesive Type: Removable Repositionable Ultra-Removeable Permanent

Additional Details: _____

Liner

Liner Type: Film Paper
Printable Layflat

Additional Details: _____

Printing

Printing: Flexo-UV Flexo-Water Laser Inkjet TT DT
Press or Ink Type _____

Other Information: