

Send to:  
Gem Gravure, CO., INC  
Attn: Michelle Robbins  
112 School Street  
West Hanover, MA 02339



Please complete all lines Marked with a "\*\*\*"  
FREE SAMPLE SERVICE

**General Information**

Company Name:*	
Contact Name:*	
Address:*	
City: *	
State:*	
Zip:*	
Country:	
Telephone:*	
Fax:	
E-mail:*	

**Printer Model you currently use**

Model Type:	
Ink type:	

**Ink Colors**

Ink Color	White	<input type="checkbox"/>	Green	<input type="checkbox"/>	Gold	<input type="checkbox"/>
	Black	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Gray	<input type="checkbox"/>
	Brown	<input type="checkbox"/>	Dark Blue	<input type="checkbox"/>		
	Red	<input type="checkbox"/>	Lt Blue	<input type="checkbox"/>		
	Orange	<input type="checkbox"/>	Silver	<input type="checkbox"/>		

**Print Specification**

Product/Material *:	
Coloro Product:	
Print Resistance Required: (e.g. Alcohol, Oils, heat)	
Production Speed (FPM / MPM)	
Off line (Cold Print)	
Extruded (Heated Print)	

**Additional Information**

[Print Form](#)

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