

## Marathon Label Quote Request Form

DATE:

CONTACT:

COMPANY NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP CODE:

PHONE:                      EXT:

FAX:

E-MAIL:

NOTES:

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**DIMENSIONS:** (If you need help, see our [training section](#) or [contact us](#))

LABEL WIDTH:              in. x DEPTH:              in.

SPACING VERTICAL:              in.    SPACING HORIZONTAL              in.

CARRIER WIDTH:              in. x LABEL REPEAT:

LABELS ACROSS:

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**STOCK:** FACE:                      ADHESIVE:                      LINER:

**FORMAT:** SHEETS:      ROLLS:      FANFOLD:      PIN FEED:

