

Company _____

Street _____

Postal code _____ City _____

Name _____

Telephone _____

If delivery address differs, please indicate

ORDER

INQUIRY

ESON CZ s.r.o.
Třebotov 240
Praha-západ, CZ – 252 26
Tel.: +420 257830039
Fax: +420 257830529
e-mail: eson@eson.cz



Dispatch date: _____

Ex works

Type of Shipment: DHL UPS OTHER _____

TOOL IDENTIFICATION

Order Number _____

Tool Number _____
will be on tool

Type of Machine _____

Machine Width _____

TYPE OF TOOL

UNIVERSAL FLEXIBLE DIE

TP+

Type of cutting rotary flat

PAPER PE/PP THERMOPAPER SPECIAL MATERIAL * (Specification)

MATERIAL SPECIFICATION

* Face material _____

Base liner 53 – 57 μ m _____ μ m

Material enclosed follows by Post Standard material (Always include a sample for special materials.)

TOOL SPECIFICATION

Die High H = 440 μ m H = _____ μ m Multilevel

Kiss cut Through cut Reverse cutting

Rectangle Circle Elipse Oval Special

Perforation Cut _____ : Tie _____ mm

Layout *

Data*
eson@eson.cz

*Mark the correct side on the sample, view on the label

L= _____

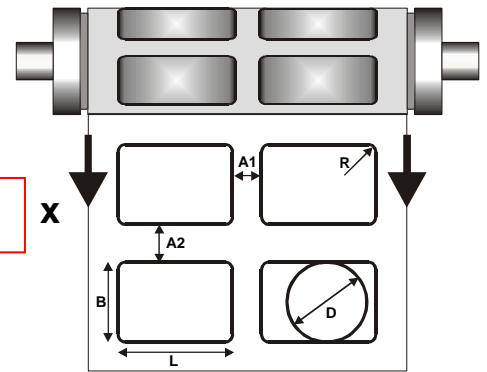
B= _____

A1= _____

A2= _____

R= _____

D= _____



Number of labels

For Flat is not
Cyl. repeat _____
Teeth _____
Undercut (st.0.480) _____

Please insert sketch here

Date _____ Signature _____

All goods are supplied according to our general terms and conditions of sale