



Ray Schumann & Associates Inc

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QUALITY PRINTING PLATES SINCE 1957

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FLEXO PLATE ORDER FORM



DATE _____ PROOFS NEEDED _____

PLATES NEEDED _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

ATTN _____

TELEPHONE # _____

FAX # _____

E-MAIL _____

ORDERED BY _____

PURCHASE ORDER NO. _____

JOB NAME OR DESCRIPTION _____

(same as you would like indicated on invoice)

• LABEL SIZE _____ X _____

LEFT TO RIGHT TOP TO BOTTOM

(PLEASE GIVE DIMENSIONS AS YOU WOULD READ THE LABEL)

• LABELS WILL BE

DIE CUT BUTTSCORED OTHER _____

RCR = _____

• STEP & REPEAT

IMAGES AROUND _____ IMAGES ACROSS _____

SPACING (CENTER TO CENTER) ACROSS CYLINDER _____

• PLATE THICKNESS

.045 .067 .090 .107 .112 .125 .250

DFM DPL EFX ESX DFUV DPC

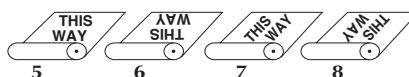
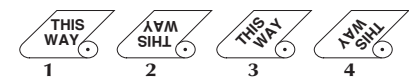
• TOTAL NUMBER OF COLORS _____

• TOTAL NUMBER OF PLATES ON THIS ORDER _____

SURFACE PRINT REVERSE PRINT

FEED DIRECTION

(CHECK ONE)



LABEL FEED DIMENSIONS

_____ X _____
AROUND ACROSS

DISTORT PLATE YES NO

DIST FILE FURNISHED YES NO

NO. OF TEETH _____

1/8 CP 1/4 CP 10 DP 32 DP

OTHER _____

PROOFS BEFORE PLATES YES NO

PROOF WITH PLATES YES NO

E-MAIL PDF PROOF
(E-MAIL ADDRESS REQUIRED)

COLOR PAPER PROOF
(FOR COPY/CONTENT ONLY)

EPSON CONTRACT PROOF
(COLOR ACCURATE)

(IF CUSTOM PROFILE, PLEASE INDICATE BELOW)

PROFILE = _____

BEARER BARS _____ & _____ MOUNTING DOTS CROP/CENTER MARKS DENSITY BLOCKS _____ x _____
THICK AWAY

SPECIAL INSTRUCTIONS:

