

# UNIQUE UV AND LIGHT PVT. LTD.

Plot No. 6, Off. Western Express Highway, Opp. Dattani Industrial Estate,  
Near Prakash Dal Mill, Vasai Phata, Vasai (E), Maharashtra – 401 210. INDIA  
Phone: (0250) – 6450655, 6450656 E-mail: daddikar@vsnl.com

## PRELIMINARY INFORMATION REQUEST FORM

Dear Customer,

We understand that you require UV curing attachment on your web-printing machine.  
We thank you very much for your inquiry. We request you to furnish following details enabling us to quote.

(Please tick (√) mark whichever is applicable.)

|   |
|---|
| 1. UV coating to be cured:<br><input type="checkbox"/> Clear Over Print Varnish. <input type="checkbox"/> UV Inks.  |
| 2. By which method will you coat UV varnish on substrate:<br>(Select any one)<br><input type="checkbox"/> Flexo printing. <input type="checkbox"/> Rotogravure printing. <input type="checkbox"/> Rotary letterpress printing.  |
| 3. Width of web = _____ mm.   |
| 4. Material on which UV varnish or UV ink is to be coated:<br><input type="checkbox"/> Paper. <input type="checkbox"/> Plastic.   |
| 5. If substrate material is plastic then select whichever is applicable:<br><input type="checkbox"/> PVC <input type="checkbox"/> BOPP <input type="checkbox"/> PP <input type="checkbox"/> PC<br><input type="checkbox"/> Vinyl <input type="checkbox"/> Flex <input type="checkbox"/> Other _____ |
| 6. Thickness of paper / plastic substrate: Min = _____ to Max = _____ micron.   |
| 7. Approximate UV Varnish coat applied = _____ micron / gsm.  |
| 8. Speed of Curing expected = _____ meters per minute. (Max.)   |
| 9. Manufacturer of printing machine on which this UV curing attachment is to be mounted:<br>_____<br>Model no. of printing machine: _____.  |

**Please fill in following information about your firm.**

|              |   |                |
|--------------|---|----------------|
| NAME         | : |                |
| DESIGNATION  | : |                |
| COMPANY NAME | : |                |
| ADDRESS      | : | _____<br>_____ |
| PHONE        | : |                |
| FAX          | : |                |
| E-MAIL       | : |                |
| Date:        |   | Signature:     |

Please fax or mail this form to us and we will be pleased to offer our quote as per your requirements. Thanks.