

Form for technical inquiries



Proell, Inc.
2751 Dukane Drive
St. Charles, IL 60174

Phone +1-630-587-2300
Fax +1-630-587-2666
info@proell-inc.com · www.proell.us

Received:
Number: _____
Person in charge: _____

Company:	_____	Contact:	_____
Street:	_____	Phone:	_____
City / ZIP-Code:	_____	Fax:	_____
Country:	_____	E-mail:	_____

Inquiry and requested deadline: _____

Method of application: screen printing pad printing spraying roller brush _____

Print: manual print flat bed cylinder rotary screen printing _____

Observation: reflected light transmitted light **Light source:** D65 _____

Fabric: fabric number: _____ threads per cm: _____ exact characterization: _____
threads per inch: _____ thread diameter: _____ tension of fabric: _____ Newton

Squeegee: Shore A: _____ RKS: _____

Ink system: _____ Quantity: _____ Size of can: _____

Color shade: RAL _____ HKS _____ PANTONE® _____ other _____ Edition _____

Exact name of the substrate: raw material basis, trade name, manufacturer, type, color shade (please attach at least 10 DIN-A4-samples).

Printing side: _____

Drying: <input type="checkbox"/> rack <input type="checkbox"/> drying tunnel <input type="checkbox"/> IR	<input type="checkbox"/> UV <input type="checkbox"/> _____
Drying time: _____ min. _____ °C _____ °F	type of lamp: <input type="checkbox"/> mercury <input type="checkbox"/> _____
Gloss: <input type="checkbox"/> glossy <input type="checkbox"/> matt <input type="checkbox"/> satin gloss	UV dose: _____ mJ/cm ² lamp output: _____ W/cm
Characterization of ink film: <input type="checkbox"/> rigid <input type="checkbox"/> elastic	UV integrator: _____ (manufacturer)
Opacity: <input type="checkbox"/> opaque <input type="checkbox"/> transparent	<input type="checkbox"/> single print <input type="checkbox"/> multi layer print
Use: <input type="checkbox"/> interior <input type="checkbox"/> exterior <input type="checkbox"/> short term	<input type="checkbox"/> long term <input type="checkbox"/> _____
Version: <input type="checkbox"/> one-sided <input type="checkbox"/> double-sided <input type="checkbox"/> line	<input type="checkbox"/> area <input type="checkbox"/> halftone dots
Further processing: <input type="checkbox"/> thermoforming <input type="checkbox"/> embossing <input type="checkbox"/> laminating	<input type="checkbox"/> covering up <input type="checkbox"/> heat sealing
<input type="checkbox"/> UV lacquering <input type="checkbox"/> grooving <input type="checkbox"/> drilling/milling	<input type="checkbox"/> high frequency sealing
<input type="checkbox"/> folding <input type="checkbox"/> punching	
<input type="checkbox"/> required resistance towards chemicals: _____	

Special resistances and testing methods:

If the indications are as complete as possible, your order can be handled quickly and unnecessary questions can be avoided.

Signature:

Date: