



**When sending us samples, please include as many as possible so that we may test your material sufficiently. If you have any questions while completing the Laser Requirements Planning form, call the Toll Free number and let us help you. 866-495-1150**

Paragon Laser Requirement Planning Sheet

Co Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Other decision makers \_\_\_\_\_  
Material to be  
Marked \_\_\_\_\_  
Range of  
parts \_\_\_\_\_ Sizes \_\_\_\_\_  
Throughput (production) requirement \_\_\_\_\_ per \_\_\_\_\_  
Mark specification (attach drawings/graphics files as required) \_\_\_\_\_  
Mark content \_\_\_\_\_ Human/Machine Readable  
Contrast requirements \_\_\_\_\_  
Reading equipment/conditions \_\_\_\_\_  
Part configuration (marking area) \_\_\_\_\_  
Surface finish (rms) \_\_\_\_\_  
Permanence  
requirements \_\_\_\_\_  
Stand alone \_\_\_\_\_ Portable \_\_\_\_\_ Integrated installation \_\_\_\_\_  
Standard machine \_\_\_\_\_ Custom machine \_\_\_\_\_  
Level of automation  
required \_\_\_\_\_  
Project Schedule \_\_\_\_\_ Decision \_\_\_\_\_ Delivery \_\_\_\_\_ Budget \_\_\_\_\_  
Sample schedule \_\_\_\_\_ Qty supplied \_\_\_\_\_  
Benchmark Retention OK'd \_\_\_\_\_ 10+recommended  
Additional comments:

PHONE: 866-495-1150 FAX: 620-342-2419