



Problem Form

Contact Name: _____

Company Name: _____

Address: _____

Phone number: _____ E-mail address: _____

Which way is best to contact them?

Printer Type? _____ Model#? _____ Ink Code# _____

RIP Software: _____ Version _____ DPI: _____ Pass: _____

How is the product stored? _____ When purchased? _____

The lot/batch number of each product?

Ink# _____ Substrate# _____ Coating _____

When did they first notice the problem?

What do they think the problem is?

At what stage in the process does it occur?

Do they have any other Lot # of the same product?

Have they tried the different Lot#?

Do they see any difference?

Do they have any new employees? Have they changes any application methods?

Anything else change that they can think of?