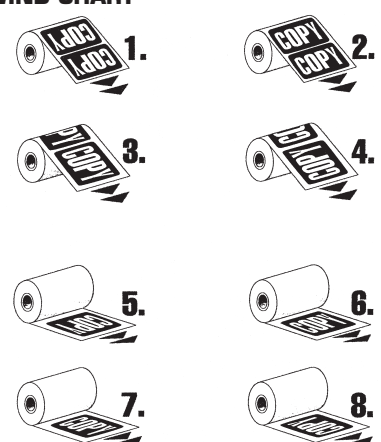


LABEL SPECIFICATIONS				LABEL NAME OR NUMBER				ANY QUESTIONS PLEASE PHONE: — —				SALES REP'S NAME:											
PRINTS FOR:				QTY: M M M M				EXACT QUANTITY NO OVERS <input type="checkbox"/>				NO. OF PARTS		<input type="checkbox"/> SAMPLE PROVIDED		PRICE SEPARATELY: <input type="checkbox"/> COMBO <input type="checkbox"/> LOT _____ OF _____							
PT	OVERALL SIZE		STUB SIZE		PAPER SPECIFICATIONS			INK COLORS				4 TH COLOR OR BACKER		5 TH COLOR		PRODUCT TYPE:		CORE O.D. _____					
	WIDTH	DEPTH	LEFT	RIGHT	COLOR	WT	KIND	BASE COLOR	AS	2ND COLOR	AS	3RD COLOR	AS	<input type="checkbox"/> FORM/LABEL <input type="checkbox"/> ROLL		<input type="checkbox"/> SHEET <input type="checkbox"/> FAN-FOLD		ROLLS PER CARTON _____					
1																		RIBBONS _____					
LABEL SIZE				LABEL SKETCH/NOTES																			
X																							
No. Across _____																							
No. Down _____																							
Gap Across _____																							
Gap Around _____																							
LABEL SHAPE																							
Rectangle _____																							
Square _____																							
Circle _____																							
Round Corners _____																							
Butt Cut _____																							
Other _____																							
ADHESIVE SPECS: PERM. _____ REMOVABLE _____ OTHER _____								PRINTER SPECS: <input type="checkbox"/> NONE <input type="checkbox"/> IMPACT <input type="checkbox"/> LASER								REWIND CHART 							
APPLICATION SUBSTRATE _____								<input type="checkbox"/> THERMAL <input type="checkbox"/> DIRECT THERMAL															
APPLICATION ENVIRONMENT _____								DESCRIBE: _____															
OTHER - DESCRIBE: _____																							
HAND APPLIED _____ MACHINE APPLIED _____								NUMBERING - PUNCHING - EXTRA INTERIOR PERFORATIONS															
DELIVERY, PACKAGING & SHIPPING								BARCODING				NO. HOLES _____		HORIZONTAL PERFS				VERTICAL PERFS					
DELIVERY REQUESTED - <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 6 <input type="checkbox"/> 4 WORKING DAYS <input type="checkbox"/> _____								POSITION(S) _____				DIAMETER _____		RIGHT ANGLE TO STUB				PARALLEL TO STUB					
PACKAGING - <input type="checkbox"/> STD. <input type="checkbox"/> NON-STD. _____								NO. RESETS _____				<input type="checkbox"/> PARALLEL TO STUB		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL				<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL					
SHIPPING - <input type="checkbox"/> FOB FACTORY <input type="checkbox"/> SHIP TO DEALER <input type="checkbox"/> HOLD IN STOCK <input type="checkbox"/> SHIP COMPLETE								<input type="checkbox"/> LASER <input type="checkbox"/> IMPACT				<input type="checkbox"/> RIGHT ANGLE TO STUB		<input type="checkbox"/> BACK SLITS <input type="checkbox"/> HOW MANY _____				OTHER: _____					
<input type="checkbox"/> DESTINATION <input type="checkbox"/> SHIP TO CUSTOMER <input type="checkbox"/> SPLIT SHIP _____ <input type="checkbox"/> SHIP PARTIAL								<input type="checkbox"/> OTHER				<input type="checkbox"/> MISSING OK		C TO C _____									
								<input type="checkbox"/> GUARANTEED				PARTS _____											