

ORDER FORM / QUOTE FORM

2407-106th St. S.W.
Everett, WA 98204
www.labelsplus.com



Business Solutions With You In Mind!

800-275-7587 Toll Free
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CUSTOMER NAME		DATE ORDERED	<input type="checkbox"/> NEW <input type="checkbox"/> EXACT REPEAT <input type="checkbox"/> REPEAT WITH CHANGE	
STREET ADDRESS		DATE REQUIRED	CUSTOMER P.O.#	FAX #
CITY, STATE, ZIP		<input type="checkbox"/> HOT <input type="checkbox"/> NO HURRY	CUSTOMER CONTACT/REP.	
			PHONE NUMBER	

SPECIFICATIONS

SIZE OF LABEL: <input type="checkbox"/> RECTANGLE <input type="checkbox"/> CIRCLE <input type="checkbox"/> OVAL	CUT: <input type="checkbox"/> KNIFE <input type="checkbox"/> DIE <input type="checkbox"/> SHEETED <input type="checkbox"/> "0" CLEARANCE	PRINT: <input type="checkbox"/> POSITIVE <input type="checkbox"/> REVERSE <input type="checkbox"/> FLOOD <input type="checkbox"/> MIRROR	ADHESIVE: <input type="checkbox"/> PERMANENT <input type="checkbox"/> REMOVABLE <input type="checkbox"/> COLD STOR. <input type="checkbox"/> 717	STOCK: <input type="checkbox"/> GLOSS <input type="checkbox"/> MATTE LITHO <input type="checkbox"/> UNCOATED LITHO <input type="checkbox"/> FLUORESCENT <input type="checkbox"/> VINYL <input type="checkbox"/> SG	INK COLORS:
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LABEL USAGE

SPECIAL INST: <input type="checkbox"/> PERFORATED <input type="checkbox"/> LAMINATED <input type="checkbox"/> PIN FEED <input type="checkbox"/> SWPP <input type="checkbox"/> TAB <input type="checkbox"/> 1/2 MIL UVPP <input type="checkbox"/> SCORED: <input type="checkbox"/> PCS <input type="checkbox"/> UV <input type="checkbox"/> MATTE ACETATE	SURFACE USED ON: <input type="checkbox"/> BOXES <input type="checkbox"/> PLASTIC <input type="checkbox"/> GLASS <input type="checkbox"/> POLY BAGS <input type="checkbox"/> METAL	USED: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE DISPENSED: <input type="checkbox"/> HAND <input type="checkbox"/> AUTOMATIC	CORE SIZE: <input type="checkbox"/> 3" <input type="checkbox"/> 1" <input type="checkbox"/> CORELESS <input type="checkbox"/> FANFOLD	LABELS / ROLL: # UP _____ MAX. DIAM. _____ ORDER QUANTITY: _____	PROOF: <input type="checkbox"/> B & W <input type="checkbox"/> COLOR SEND TO _____ _____
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RE-WIND

SHIPPING INSTRUCTIONS

PLEASE CHECK APPROPRIATE BOX	SHIP TO
1 2 3 4 5 6 7 8	STREET ADDRESS _____ CITY, STATE, ZIP _____ ATTENTION _____ BILL TO <input type="checkbox"/> YES <input type="checkbox"/> NO CUSTOMER P.O.# _____ SHIP VIA _____ <input type="checkbox"/> UPS GRD. <input type="checkbox"/> UPS BLUE (2nd day) <input type="checkbox"/> UPS RED (next day) <input type="checkbox"/> WILL CALL

SKETCH / SAMPLE