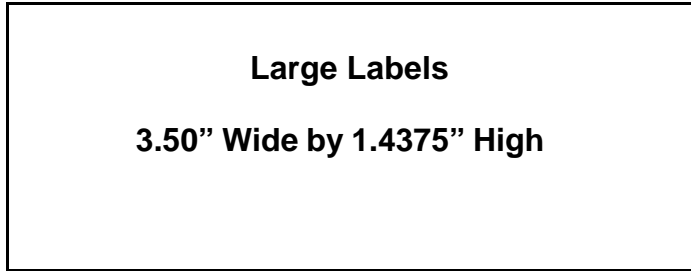


11 Cushing, Irvine, CA 92618

Fax to: 949-206-6949

Use this form to order labels. **All order received after 12:00 PM PST is considered as being placed on the next business day.** If you have any questions or need a different type, please give us a call.

<b>BILL TO (<u>REQUIRED</u>):</b>	<b>SHIP TO (<u>REQUIRED IF DIFFERENT</u>):</b>
Company Name _____	Company Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone _____ Contact _____	Phone _____ Contact _____



Barcode Length (# of Digits): \_\_\_\_\_ Quantity Needed: \_\_\_\_\_

Logo Required: Yes or No (please circle one)

Text Required: Yes or No (please circle one & enter text below)

Text: \_\_\_\_\_

Transmittal Tag Required: Yes or No (please circle one)

If Yes: Numeric or Barcode (please circle one)

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

**PRINTING SERVICE REQUESTED (REQUIRED):** 1000 label min. charge (\$5 set up chg. for an additional range)

Standard Service, the labels are produced within 5 business days.	_____ <b>Standard Service</b>
The timeframe for delivery depends on the shipping service you select.	_____ <b>2 Day Service (50% surcharge)*</b>
Mark the service you wish to use. Standard is used if nothing is checked.	_____ <b>1 Day Service (100% surcharge)*</b>

(\*Note: 2-day and 1-day orders will only be accepted if current production schedule allow. Timescales EXCLUDE shipping)

**SHIPPING (REQUIRED):** We ship UPS Ground if nothing is checked. Buyer is responsible for all applicable shipping charges.

UPS Next Day \_\_\_\_\_ UPS 3<sup>RD</sup> Day \_\_\_\_\_ UPS 2<sup>nd</sup> Day \_\_\_\_\_ UPS Ground \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

If paying by Credit Card, please fill out the following information: VISA or MasterCard (please circle one)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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<b>BILL TO (<u>REQUIRED</u>):</b>	<b>SHIP TO (<u>REQUIRED IF DIFFERENT</u>):</b>
Company Name _____	Company Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone _____ Contact _____	Phone _____ Contact _____

**Medium Labels**  
2.75" Wide by .625" High

Barcode Length (# of Digits): \_\_\_\_\_ Quantity Needed: \_\_\_\_\_

Text Required: Yes or No (please circle one & enter text below)

Text: \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

**PRINTING SERVICE REQUESTED (REQUIRED):** 1000 label min. charge (\$5 set up chg. for an additional range)

Standard Service, the labels are produced within 5 business days.	_____ <b>Standard Service</b>
The timeframe for delivery depends on the shipping service you select.	_____ <b>2 Day Service (50% surcharge)*</b>
Mark the service you wish to use. Standard is used if nothing is checked.	_____ <b>1 Day Service (100% surcharge)*</b>

(\*Note: 2-day and 1-day orders will only be accepted if current production schedule allow. Timescales EXCLUDE shipping)

**SHIPPING (REQUIRED):** We ship UPS Ground if nothing is checked. Buyer is responsible for all applicable shipping charges.

UPS Next Day \_\_\_\_\_ UPS 3<sup>RD</sup> Day \_\_\_\_\_ UPS 2<sup>nd</sup> Day \_\_\_\_\_ UPS Ground \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

If paying by Credit Card, please fill out the following information: VISA or MasterCard (please circle one)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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Fax: 949-206-6949

Use this form to order labels. **All order received after 12:00 PM PST is considered as being placed on the next business day.** If you have any questions or need a different type, please give us a call.

<b>BILL TO (<u>REQUIRED</u>):</b>	<b>SHIP TO (<u>REQUIRED IF DIFFERENT</u>):</b>
Company Name _____	Company Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone _____ Contact _____	Phone _____ Contact _____

**Small Labels**  
**2.0" Wide by 0.5" High**

Barcode Length (# of Digits): \_\_\_\_\_ (Max 10 Characters)

Quantity Needed: \_\_\_\_\_

Text Required: Yes or No (please circle one & enter text below)

Text: \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

Range:  
From \_\_\_\_\_ To \_\_\_\_\_

**PRINTING SERVICE REQUESTED (REQUIRED)** 1000 label min. charge (\$5 set up chg. for an additional range)

Standard Service, the labels are produced within 5 business days. \_\_\_\_\_ **Standard Service**

The timeframe for delivery depends on the shipping service you select. \_\_\_\_\_ **2 Day Service (50% surcharge)\***

Mark the service you wish to use. Standard is used if nothing is checked. \_\_\_\_\_ **1 Day Service (100% Surcharge)\***

(\*Note: 2-day and 1-day orders will only be accepted if current production schedule allow. Timescales EXCLUDE shipping)

**SHIPPING (REQUIRED):** We ship UPS Ground if nothing is checked. Buyer is responsible for all applicable shipping charges.

UPS Next Day \_\_\_\_\_ UPS 3<sup>RD</sup> Day \_\_\_\_\_ UPS 2<sup>nd</sup> Day \_\_\_\_\_ UPS Ground \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

If paying by Credit Card, please fill out the following information: VISA or MasterCard (please circle one)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_