



**PERFECTO
LABEL CO.**
INCORPORATED

LABEL ORDER FORM

DATE	DATE REQUIRED	P.O. NUMBER	<input type="checkbox"/> NEW ORDER <input type="checkbox"/> REORDER	PREVIOUS INVOICE #	NEW QUOTE #
QUANTITY	DIE #	SIZE X	<input type="checkbox"/> RCR <input type="checkbox"/> CIRCLE <input type="checkbox"/> OVAL	<input type="checkbox"/> MISC. <input type="checkbox"/> SHEETER <input type="checkbox"/> OTHER	LAMINATION <input type="checkbox"/> NONE <input type="checkbox"/> MATTE <input type="checkbox"/> GLOSS <input type="checkbox"/> IMPRINTABLE
LABEL MATERIAL: _____			<input type="checkbox"/> REMOVABLE <input type="checkbox"/> PERMANENT		CONSECUTIVE NUMBERING STARTING # _____
PRINT COLORS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____			UNWIND # _____		QTY. LABELS PER ROLL/STACK _____
<p>Layout Instructions: Print or type label copy in space provided. Each line of type should have instructions checked for typestyle, upper or lower case, space provided to left of label copy. If company logo is used, please send clean black and white copy. We will fax proof at no extra charge. Or you may send art from your computer application.</p> <p style="text-align: center;">LABEL COPY</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>					<p>END USE APPLICATION</p> <input type="checkbox"/> INTERIOR <input type="checkbox"/> WEATHERPROOF <input type="checkbox"/> FREEZER <input type="checkbox"/> HIGH TEMP _____ F <input type="checkbox"/> OTHER _____
SPECIAL INSTRUCTIONS: _____ _____ _____			<p>PERFORATE</p> <input type="checkbox"/> YES <input type="checkbox"/> ROLLS <input type="checkbox"/> NO <input type="checkbox"/> FANFOLD <input type="checkbox"/> SHEETS		<p>CARDBOARD CORES</p> <input type="checkbox"/> YES <input type="checkbox"/> 3" I.D. <input type="checkbox"/> NO <input type="checkbox"/> 1" I.D.
IF ANY QUESTIONS CALL:			<p>PHONE: _____ FAX: _____</p> <p>BILL TO:</p> <p>Company Name: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>SHIP TO:</p> <p>Company Name: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>		<p>PRICING:</p> <p>PRICE PER M _____ x QTY. _____ SUB TOTAL = _____ PLATE CHARGE _____ INK WASH _____ OTHER _____ OTHER _____ TOTAL \$ _____</p>
					<p>SHIPPING METHOD:</p> <input type="checkbox"/> UPS NEXT DAY AIR <input type="checkbox"/> UPS 3rd DAY SELECT <input type="checkbox"/> UPS 2nd DAY AIR <input type="checkbox"/> UPS GROUND <input type="checkbox"/> OTHER _____
					<p>PERFECTO USE ONLY PREPAY:</p> <p>AMT. _____ CHECK# _____ DATED _____ REC'D _____</p>