

Identity Solutions Limited

BUREAU /STOCK FAX ORDER FORM

Please copy this form for repeat use

Please supply the following order to:

COMPANY::

Delivery Address::

Postal Address::

Phone No::

Fax No::

Name Of Person

Ordering Labels::

CT Internal Reference

CT Office Use Only

Pend (I/C)

Price End

Recd

Prnt-PS Inv.

Your Order No:

Date Ordered:

Date Required:

Label Style or Width (mm):

(eg, 1065, 1075, 1020, 28mm, 35mm etc.)

.....

Label Fabric:

(eg, TT, Self Adhesive, Remy, Acetate, etc.)

.....

Label Quantity:

.....

Other:

.....

Sample Proof Req'd:

Quote Before Prod'n:

Fast Post:

Courier:

To Be Collected:

Custom Label Information Below

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Comments

Loop Fold



Top Sew In

