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ORDER FORM

Contact Name: _____ Date:

Company Name: Order No:		
Delivery Address:	Phone:	
	Email:	
DETAILS	NEW OR REPEAT	
Description:	Now Job	
Quantity:	New Job Quote No	
Size (mm): Must be exact size / Size can be chang	(If known)	
Shape: Square / Rectangle / Circle / Oval / Triangle / Special	Repeat Job No change / With changes	
Number of colours: PMS or CMYK number/s:	(please circle)	
Number of variants:	Profile number:	
Packaging: Quantity per Roll / Dispenser / Sheet / F	(If known)	
Core Size (mm): 25 / 38 / 76 / Other	Previous order no:	
Stock finish: Gloss / Matt / Fluoro Red / F Yellow / F Orange / F Pink / F	(If known)	
Stock: Paper / Synthetic / Clear / Other		
Adhesive: Permanent / Removable / Freezer / Unadhesed		
Roll details: (if relevant, please circle)		
1 Stocky	6 7 8 8 S S S S S S S S S S S S S S S S S	
Labels wound on the OUTSIDE of roll	Labels wound on the INSIDE of roll	



Code	Description	Unit	Quantity