

LABEL ORDER FORM

Page ___ of ___



This form should be attached to a Purchase Order or a Request for Quotation.

DIRECT SALE TO




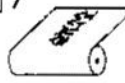
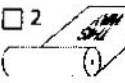

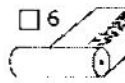
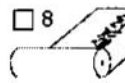
Company _____ Customer Code _____ Taxable County non-taxable _____
 Bill To _____
 Ship To _____
 Contact Name _____ Phone _____ Ext _____ Fax _____
 Terms _____ Ship Via _____ F.O.B. _____ Cust. P.O. # _____ Cust P/N _____

Genesis PC
 5699 SE International Way
 Suite J
 Milwaukie, OR 97222
 Phone 1-866-652-2545
 Fax 1-866-652-2475

CONFIRMATION SALES ORDER #

QUANTITY	ROLL SIZE (W" X L")	STOCK/MATERIAL	ADHESIVE	CUT	FINISH
<input type="checkbox"/> ROLL	<input type="checkbox"/> PACKAGED O.D.	<input type="checkbox"/> Tyvek <input type="checkbox"/> Kimdura	<input type="checkbox"/> Permanent	<input type="checkbox"/> Butt	<input type="checkbox"/> Matte
<input type="checkbox"/> 1" Core	<input type="checkbox"/> 500 <input type="checkbox"/> _____	<input type="checkbox"/> Polyester <input type="checkbox"/> Vinyl	<input type="checkbox"/> Removable	<input type="checkbox"/> Die	<input type="checkbox"/> Gloss
<input type="checkbox"/> No Core	<input type="checkbox"/> Continuous form	<input type="checkbox"/> Direct Thermal	<input type="checkbox"/> Heat Seal	<input type="checkbox"/> Round	<input type="checkbox"/> Clear Mylar
<input type="checkbox"/> 3" Core	<input type="checkbox"/> Fanfold <input type="checkbox"/> Sheet	<input type="checkbox"/> Thermal Transfer	<input type="checkbox"/> Cold Temp	Radius _____	<input type="checkbox"/> Imprintable Matte
<input type="checkbox"/> _____	@Every _____	<input type="checkbox"/> Piggy back	<input type="checkbox"/> No Adhesive	Tool # _____	Mylar
<input type="checkbox"/> Plastic		<input type="checkbox"/> Paper	<input type="checkbox"/> Ultralite	BACKING/LINER	<input type="checkbox"/> Varnish
<input type="checkbox"/> Cardboard	<input type="checkbox"/> _____	<input type="checkbox"/> Semi-gloss	<input type="checkbox"/> _____	<input type="checkbox"/> Paper	<input type="checkbox"/> Laminate
		<input type="checkbox"/> Matte Litho	ADH # _____	<input type="checkbox"/> Poly/Mylar	<input type="checkbox"/> Not applicable
		<input type="checkbox"/> Tamper-proof		<input type="checkbox"/> _____	<input type="checkbox"/> _____

PINFED	LINEAR PERFORATIONS	COLOR/FLOOD COAT	COLOR/PRINT
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Negative (Reverse print)
<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/8"	<input type="checkbox"/> Between labels		
Tool# _____	@ _____		
GAP (BETWEEN LABELS)	LABEL WRITTEN BY	LABEL AFFIXED BY	SURFACE ADHERED TO
.125 .25 .50	<input type="checkbox"/> Hand <input type="checkbox"/> NA	<input type="checkbox"/> Hand	<input type="checkbox"/> Corrugate
WEB	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Machine	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic
	<input type="checkbox"/> Computer printer		<input type="checkbox"/> Misc <input type="checkbox"/> _____
REWIND	<input type="checkbox"/> No preference	<input type="checkbox"/> Not applicable	PRICING (For office use)

<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
			
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8
			

Repeat last P.O. NO (changes require new order) New order (see attached art/sketch)

Special instructions: _____

ITEM LABEL	QUANTITY	U/P	AMOUNT
ART			
PLATE			
CPY CHG			
COLOR CHG			
INK WSH			
TOOLING			

_____ SUBTOTAL this page
 _____ SUBTOTAL from attached pages
 _____ **TOTAL:**

Signature _____ Date _____

OFFICE USE:	P.O. # _____	P/N _____
Customer Number _____	Order Date _____	Mark for Customer _____
Customer Type _____	Due Date _____	Sales Rep _____
		Name of Processor _____
		Date Completed _____