



Pre-printed Label Order Form

Please Fax Back On

+44 (0) 1707 37 21 93

Invoice Address

Contact Name: _____

Address: _____

Postcode: _____

Tel: _____

Customer Order No: _____

Order Date: / / _____

Delivery Method Preferred: Post / Carrier

Delete as preferred

Delivery Address

Contact Name: _____

Address: _____

Postcode: _____

Tel: _____

Date Labels Required: / / _____

Please fill in your label sequences / requirements on the reverse of this form!

Remarks:

Signed By: _____	Date: / / _____
Print Name: _____	Time: _____

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