



Virtual Labels

Label Design Sheet

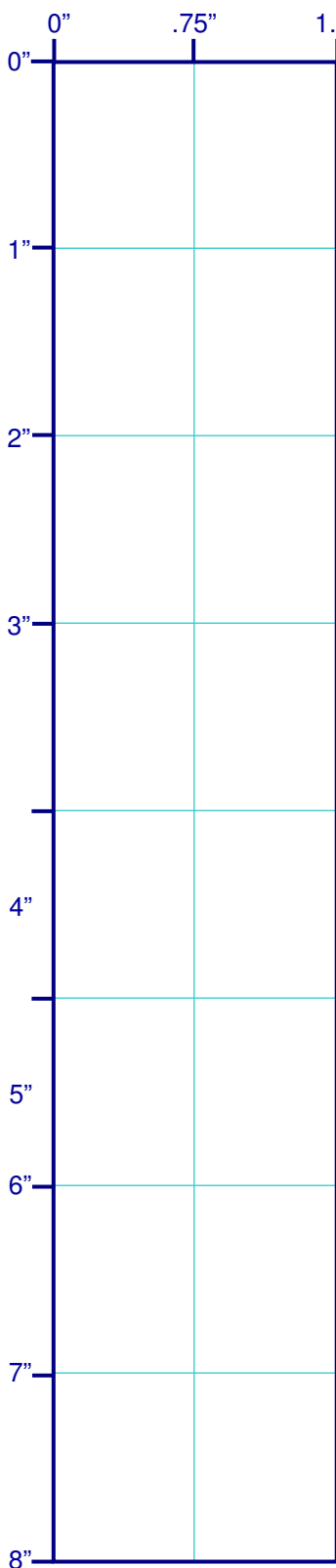
www.filelabel.com

E-mail: orders@filelabel.com

Fax: (919) 469-1401

Date	
Rush	<input type="checkbox"/> <input checked="" type="checkbox"/>
Needed	

Please sketch your label design in the grid or attach actual samples.



Dealer Information

Dealer		Office Ph.	
SalesPerson		Phone/Cell	
Address			
City/State/Zip			
E-mail Address			
PO#		PO Date	
Order Instructions			

Ship To Information

Customer			
Attn:			
Address 1			
2			
City/State/Zip			
E-mail Address			
Phone# (optional)			
Ship Instructions			

Label Design Options & Instructions

<input type="checkbox"/> Customer has color INK-JET printer	<input type="checkbox"/> Customer will enter data via Keyboard
<input type="checkbox"/> Customer has color Laser printer	<input type="checkbox"/> Customer will import data from files
<input type="checkbox"/> Order includes new Ricoh Gel printer	Default Path/File : _____

Color Selections

Matches	Year Bands	Numeric	Alphabetic
<input type="checkbox"/> Tab	00 _____ 10 _____	0 _____	A _____ J _____ S _____
<input type="checkbox"/> Barkley	01 _____ 11 _____	1 _____	B _____ K _____ T _____
<input type="checkbox"/> Jeter	02 _____ 12 _____	2 _____	C _____ L _____ U _____
<input type="checkbox"/> GBS	03 _____ 13 _____	3 _____	D _____ M _____ V _____
<input type="checkbox"/> Smead	04 _____ 14 _____	4 _____	E _____ N _____ W _____
<input type="checkbox"/> ColrTab	05 _____ 15 _____	5 _____	F _____ O _____ X _____
_____	06 _____ 16 _____	6 _____	G _____ P _____ Y _____
_____	07 _____ 17 _____	7 _____	H _____ Q _____ Z _____
_____	08 _____ 18 _____	8 _____	I _____ R _____
_____	09 _____ 19 _____	9 _____	

See Color Chart: www.filelabel.com/colors

Additional Information

What would you like the label name to be?

Do you have a preference for: Password: _____

User ID: _____

