VISUALMEDIALAB

PAPS LABELS - FAX ORDER FORM

Fax to: 416-824-3052

NO. OF PAGES SENT

DATE

/ /

MO. DAY YEAR

BILLING INFORMATION:

BILL TO:

COMPANY:

DIV./DEPT.:

ADDRESS:

CITY:

PROV.: POSTAL CODE:

ORDERED BY:

CUSTOMER P.O.#:

SHIPPING INFORMATION:

SHIP TO/ATTN:

COMPANY:

DIV./DEPT.:

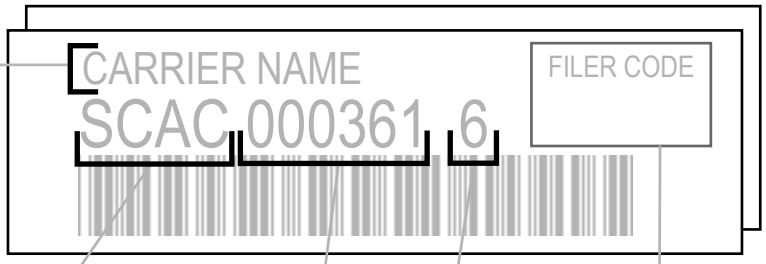
ADDRESS:

CITY:

PROV.: POSTAL CODE:

TELEPHONE:

FAX:



CHECK DIGIT
WE CALCULATE AND ADD THIS DIGIT

OPTIONAL

SCAC CODE: ☐☐☐☐

START NUMBER: ☐☐☐☐☐☐☐☐

CARRIER NAME: _____

QUANTITY: _____ **SETS OF:** _____

I.E: 1000 SEQUENTIAL NUMBERS PRINTED IN SETS OF 2 (2000 LABELS)

PROOF REQUIRED?:

☐ EMAIL (PDF) PROOF

☐ FAX PROOF

PAYMENT METHODS:

☐ OPEN ACCOUNT

CUSTOMER ACCOUNT #:

SIGNATURE:

NOTES/OTHER: