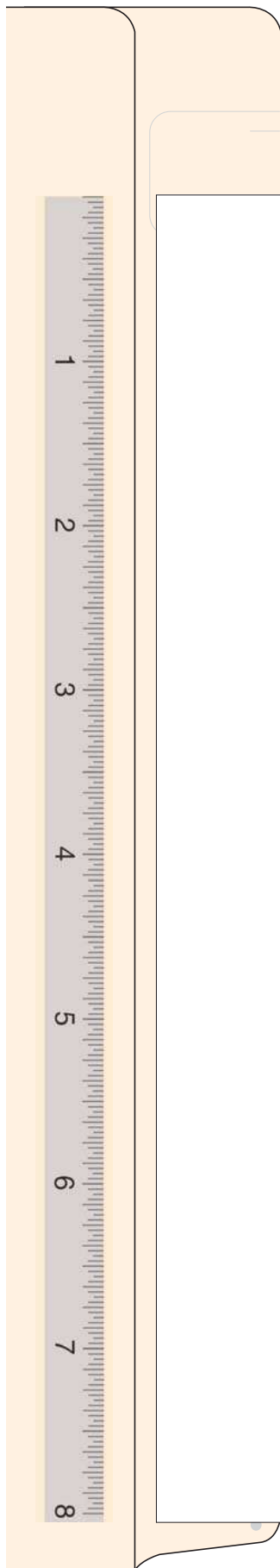


PURCHASE ORDER #
(Required)



LABEL DESIGN REQUEST FORM

CUSTOMER NAME _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX/E-MAIL _____

LABEL DESIGN REQUEST FORM

This label design request form must be submitted with your order. Use a copy of this form to create your label sample. We will match your sample precisely. Define color-coding on the front and back of the label by specifying the appropriate label series and year band. Show text in upper or lower case, numeric text, punctuation, bar code symbol and matching numbers associated with the bar code if shown, etc. Please e-mail or fax this sheet and any applicable samples to ccdata@tab.com or 1-920-387-1821.

DEFINING FIELDS TO BE CODED

The fields should be in the sequence that you prefer. If you are planning on importing data, then sample data is required, and the fields must correspond to that sample. Please use the space below to define and explain in detail how to code each field:

MAX. CHARACTERS	DATABASE FIELD #	LABEL STYLE	DESCRIBE FIELD INFORMATION AND ASSOCIATED LABELING

BAR CODE SYMBOLOGY

- CODE 39. If not matching a current system, we generate CODE 39.
- OTHER, CODE: _____. Provide if matching bar codes with a current tracking system.
- EYE-READABLE BAR CODE. Please check this box if number is displayed with the bar code.

FOR OFFICE USE ONLY	DESIGN NUMBER	DATE RECEIVED
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