



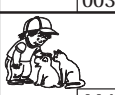














# LOGOS

**My Custom Logo**  
(add \$15 to plate charge) **MCL**

**Stock Logos:**  
(No extra plate charge)

-  **VCA**
-  **001**
-  **002**
-  **003**
-  **004**
-  **005**
-  **006**
-  **007**
-  **008**
-  **009**
-  **010**
-  **011**
-  **012**
-  **013**
-  **014**
-  **015**
-  **016**

# QUICK ORDER FORM

PML 12 pdf **Fax Orders 530-626-1808** **Order Toll-Free 800-622-7009**

To place your custom printed label order:

- 1 — Please type or print your label heading information.
- 2 — Indicate ink color (red, black or blue).
- 3 — Pick type style & logo.
- 4 — Select label size (from page 30-31).

- 5 — Indicate your choice of directions plate.  
OR simply design your own on the back of this form.
- 6 — Determine the price per thousand (see page 29) and the total price.
- 7 — Determine your custom printing plate charge (see plate charge column of price list on page 29).

NEW CUSTOMER PLEASE TYPE/PRINT YOUR LABEL HEADING AS YOU WANT IT TO APPEAR ON LABEL

RE-ORDER Hospital Name \_\_\_\_\_

REQUESTING LABEL CHANGE Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NEW LABEL Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(ONLY IF YOU WANT IT PREPRINTED ON LABEL HEADING)

Ship to (if different than above): \_\_\_\_\_

Bill to: \_\_\_\_\_ Fax Number \_\_\_\_\_

## CUSTOM PRINTED & COMPUTER PRINTER LABELS

| INK COLOR | PAPER COLOR | TYPE STYLE | LOGO # | LABEL SIZE | DIRECTIONS PLATE # | QUANTITY | PRICE PER THOUSAND | SUB TOTAL | PRINTING PLATE CHARGE | TOTAL AMOUNT |
|-----------|-------------|------------|--------|------------|--------------------|----------|--------------------|-----------|-----------------------|--------------|
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |
|           |             |            |        |            |                    |          | \$                 | \$        | \$                    | \$           |

I want my custom printed labels:  Rolled for Handmarking  Rolled for Typewriter or Computer  I also want my labels perforated at \$3.00 per thousand  I want my labels cut into a stack of singles @ \$5.00 per thousand (not available sizes R-1 through R-5)

## STOCK LABELS

| PAGE # | ITEM # | DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL AMOUNT |
|--------|--------|-------------|----------|------------|--------------|
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |
|        |        |             |          | \$         | \$           |



**PAYMENT METHOD** (New accounts require payment in advance by check or credit card.)

- Check Enclosed** - earns a 5% cash discount. FREE freight for orders over \$150. For orders under \$150 add zone freight charge (see map). UPS ground delivery - 48 contiguous states only
- Credit Card** - FREE freight for orders over \$150. For orders under \$150 add zone freight charge (see map). UPS ground delivery - 48 contiguous states only



- Freight charge per zone**
- ① \$6
  - ② \$7
  - ③ \$8
  - ④ \$9

|  |    |
|--|----|
| SUB TOTAL  | \$ |
| Less 5% - Check with order                       | \$ |
| Sales Tax % by county (CA only) 6 1/4% (IL only) | \$ |
| Freight  | \$ |
| SUB TOTAL  | \$ |
| LESS CHECK ENCLOSED                              | \$ |
| NET TOTAL DUE                                    | \$ |

Charge to:   VISA   MASTERCARD

ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Open Account** - available to established customers only. Freight charges will be added to your order. Terms: NET 30 DAYS

**ABOVE ORDER SUBMITTED BY:**

(PLEASE PRINT)  
Make checks payable to: **Para-Medical Labels**  
Mail to: P.O. Box 199000  
Diamond Springs, CA 95619

## TYPESTYLES

- A) **Cochin Bold**
- B) *Garamond Bold Italic*
- C) **Palatino Bold**
- D) *Snell Roundhand*
- E) **Rockwell Bold**
- F) **Helvetica Bold**