ROLL LABEL ORDER FORM: FAX 1-800-467-1636

	PLEA!	SE COM	1PLE I E	THE FO	LLOWING	AND FA	AX OR IV	AIL AT	YOUR	CONV	ENIENCE		
BILL TO:							SHIP TO: ☐ Check here if same as bill to						
Contact Name:							Contact Name:						
							Address:						
City, State, ZIP:							City, State, ZIP:						
Fax Number:													
Contact's Email:							Contact's Email:						
ATTAC	н ѕснс	OL LO	GO OR	MASCO	OT AND AN	NY CHA	NGES TO	O TEXT	ON A	SEPAR	ATE SHEE	ET.	
Your Logo Here VISITOR PASS CPrint name of school) VISITOR PASS LAB							as						
NAME: LAB						EL SIZE:							
DATE: 11ME:						3.75 Circular							
*3x2 & 3.75 circular "	Visitor" p	asses inclu	de Name a	and Date o	only		1	*To create	your own	label typ	e, sketch a la	ayout above.	
LABEL TYPE ROLL LABEL COLORS												QUANTITY (in thousands)	
Visitor Pass	White	Yellow	Red	Orange	Fluorescent Orange	Light Blue	Royal Blue	Beige	Green	Gray	Turquoise		
Substitute	White	Yellow	Red	Orange	Fluorescent Orange	Light Blue	Royal Blue	Beige	Green	Gray	Turquoise		
Field Trip	White	Yellow	Red	Orange	Fluorescent Orange	Light Blue	Royal Blue	Beige	Green	Gray	Turquoise		
Volunteer Pass	White	Yellow	Red	Orange	Fluorescent Orange	Light Blue	Royal Blue	Beige	Green	Gray	Turquoise		
Other	White	Yellow	Red	Orange	Fluorescent Orange	Light Blue	Royal Blue	Beige	Green	Gray	Turquoise		
TEXT COLOR	Black	Royal Blue	Maroon	Red	Purple	Navy Blue	Hunter Green	Orange	Kelly Green	Brown	Columbia Blue		
ROLL LABEL PRICIN	G		•	SH	IIPPING & H	ANDLING			1	TOTAL C	UANTITY		
1,000 - 3000	\$69 p	er 1000		\$12.95			PRICE (SEE PRICING MATRIX)						
4,000 - 6,000	\$62 p	er 1000		\$14.95			ORDER SUBTOTAL						
7,000 - 14,000	\$55 p	er 1000	(Waive	(Waive setup fee) \$19.95			ONE-TIME SETUP FEE WA					WAIVED	
15,000 - 24,000	\$50 p	er 1000	1		\$29.9	5 SHIPPING (SE			IG (SEE	PRICING	TO LEFT)		
25,000 \$45 per 1000			\$39.9			5	OPTIONAL: ADD ROLL LABEL HOLDER						
* 1000 Labels per roll (SINGLE \$25/DO									JBLE \$35)				
·							OPTIONAL: ADD LOG BOOK (\$10)						
WE WILL MATCH ANY COMPETITOR'S PRICE!											R TOTAL		
PAYMENT OPTIONS													
☐ VISA ☐ MasterCard ☐ AMEX Card Number:										Ехр. [Date:	/_	
☐ Bill Me Print N													
☐ P.O. #				۱ د د ۱ ۱ ۲ ۲ ۲ ۲ ۲ ۲ ۲	to Labol D	ocians	Inc						

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