ORDER # _____ (BCT USE ONLY)

LABEL ORDER FORM

Phone: 505.888.4455 or 1.800.345.3380
Fax: 505.888.8835 or 1.800.336.6619
Email Artwork & Order Specs To: orders@bctnewmexico.com
Mail To: BCT, 2727 Girard Blvd. N.E. - Albuquerque, NM 87107

Customer Info

Dealer _____

Contact Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Purchase Order # _____

PLEASE COMPLETE ORDER FORM ACCURATELY & CLEARLY

QUANTITY

❑ 500 ❑ 1,000 ❑ Other: _____

Minimum quantity is 1000 for all labels except for item #'s #15002, #15003 and #15001 (Min. qty is 500)

Of Labels per roll: _____ (increments of 250)

❑ No Preference

1 Label Size & Shape

Item # _____

OR

Size _____

☐ Round-Cornered Rectangle
☐ Square-Cornered Rectangle
☐ Circle
☐ Oval
☐ Special

2 Label Material

☐ White Gloss
☐ White Matte
☐ Clear Poly
☐ Metallic Gold
☐ Metallic Silver
☐ Fluorescent Red
☐ Fluorescent Pink
☐ Fluorescent Orange
☐ Fluorescent Green
☐ Fluorescent Yellow
☐ White Vinyl
☐ Clear Vinyl
☐ Matte Silver Mylar
☐ White Static Cling
☐ Clear Static Cling

3 Color(s) & Artwork

☐ Red (185)
☐ Maroon (201)
☐ Pink (211)
☐ Purple (268)
☐ Lt. Blue (Proc Blue)
☐ Dk. Blue (Reflex)
☐ Lt. Green (361)
☐ Dk. Green (348)
☐ Orange (021)
☐ Yellow (Pant Yellow)
☐ Turquoise (320)
☐ Beige (149)
☐ Brown (464)
☐ White
☐ Gray (423)
☐ Black
☐ PMS_____
☐ PMS_____
☐ PMS_____

(Select up to 3 ink colors)

☐ Disk Art (EPS or or High Res Black & White Tif images prefrerred)
☐ Electronic Art (Email artwork to customerservice@hellolabels.com)
☐ Complete camera-ready art enclosed
Note: If your artwork is not sharp and clean, should we:
☐ Print as is? ☐ Contact you for better artwork?

☐ ReOrder Last Invoice # _____
☐ ReOrder w/Change (note changes below)

☐ Indicate typestyle on Layout Grid.
☐ Match sample as close as possible.

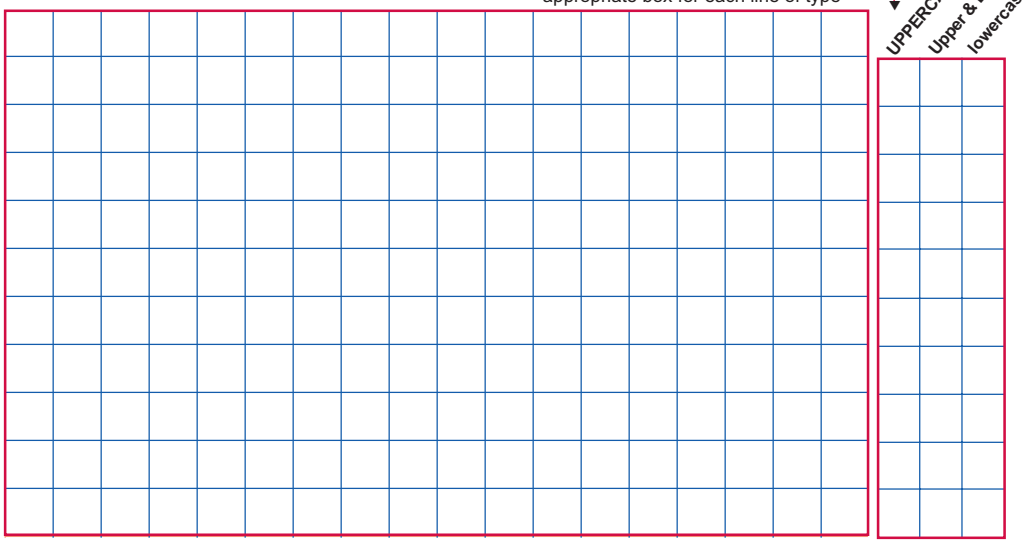
☐ Flush Left ☐ Flush Right
☐ Center ☐ Justify

☐ No border
☐ 1/8" from edge
☐ Bleed border

Special Instructions:

_____
_____
_____
_____
_____
_____

Specify type case by checking the appropriate box for each line of type



CUSTOMER APPROVAL _____ SALESPERSON_____ ORDER DATE _____

WE RETAIN CUSTOMER FILES FOR 30 DAYS

REORDER #_____ PICK-UP DATE_____ ROUTE_____