# Symbol Services Barcode Film Master Order Form

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| COMPANY | CONTACT | SPECIAL INSTRUCTIONS OR ALTERNATIVE DELIVERY ADDRESS |
| ADDRESS | TEL | |
| | FAX | |
| | DATE YOUR REF | |

# ISMN

OFFICE USE ONLY

| ORDER NO. | CUST. IDENT | RECEIVED | KEYED IN | PRODUCED | INVOICED | CHECKED | DELIVERY | DATE | REMADE |
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| QUANTITY | VERSION | ISMN<br>ENTER SPACES AS HYPHENS TO FILL ALL SPACES | ADDON<br>IF REQUIRED | MAGNIFICATION FACTOR | BAR WIDTH REDUCTION | EMULSION UP OR DOWN | POSITIVE OR NEGATIVE | TRUNCATION IN MMs | YOUR REQUIRED LABEL MESSAGE (30 CHARACTERS MAXIMUM)<br>THIS WILL NOT APPEAR WITHIN THE PRINTING AREA UNLESS YOU REQUEST "LABEL FORMAT" IN THE SPECIAL INSTRUCTIONS BOX ABOVE. |
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