Symbol Services Barcode Film Master Order Form

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Axicon

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

CASE CODE

OFFICE USE ONLY

ORDER NO.	CUST. IDENT	RECEIVED	KEYED IN	PRODUCED	INVOICED	CHECKED	DELIVERY	DATE	REMADE

QUANTITY	VERSION	ARTICLE NUMBER	CHECK DIGIT	MAGNIFICATION FACTOR	BAR WIDTH REDUCTION	EMULSION UP OR DOWN	POSITIVE OR NEGATIVE	TRUNCATION IN MMs	YOUR REQUIRED LABEL MESSAGE (30 CHARACTERS MAXIMUM) THIS WILL NOT APPEAR WITHIN THE PRINTING AREA

BEARER BAR (YES/NO)? ☐

H GAUGES (YES/NO)? ☐

PRINTING SURFACE - LABEL (L) / CARTON (C) ☐