



New Custom Label Account Set-Up

PO Box 32256
Chicago, IL 60632-0256
Toll Free – 800-331-8759
Fax – 773-581-7045

Bill to Information:

Pharmacy
Name: _____
Address: _____

City: _____
State: _____ Zip Code: _____

Ship to Information:

Pharmacy
Name: _____
Address: _____

City: _____
State: _____ Zip Code: _____

Residential Address (check box)

E-mail Address for proof: _____

Ph# _____

Fax# _____

Contact Information:

Name: _____

Ph# _____

Label Information:

DIE: _____ Quantity: _____ (Note- min. quantity is 12,000 / more than 3 colors = \$2.50 extra chrg. per color/thousand)

Label Software: _____

Printer (Model & Drawer): _____

One time art/plate charge:

- 1 color = \$50.00
- 2 colors = \$70.00
- 3 colors = \$80.00
- 4 colors = \$90.00
- 5 colors = \$100.00
- 6 colors = \$110.00

Label Header Sample: (Sketch rough draft of header)



List Exact PMS Colors: (see PMS color chart)

1: _____ 2: _____
3: _____ 4: _____
5: _____ 6: _____

Notes on Layout: _____

Logo: _____

Special Notes on Order: _____

** Once your order has been received, you will receive a proof via e-mail within a few business days to review and approve your art work **
** Once your order is approved – the order will ship 3 weeks from approval date **

• Please fill entire form as detailed as possible •