

TRi - Magnetics Corp.

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3480 / 3490 / 3490E Volume Serial Label and Initialize Order Guide

1. Customer Information

B I L L T O	Distributor Purchase order number	Order Date	S H I P T O	End User Purchase Order Number	Order Date
	(Distributor) Customer Name			(End User) Customer Name	
	Address			Address	
	City, State, Zip Code			City, State, Zip Code	
	Phone Number	Fax Number		Phone Number	Fax Number

2. Cartridge Information

Note: (Please check appropriate box in section 2 and 3)

a. <input type="checkbox"/> 3480 Data Cartridge <input type="checkbox"/> 3490E Data Cartridge	Quantity Order <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	Brand Ordered <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
b. Please Provide Specific Customer Requested Delivery Date <input style="width: 100%;" type="text"/>		

3. Initialization Information

Header / Format / Data Code / Operating System <input type="checkbox"/> IBM / EBCDIC / MVS <input type="checkbox"/> ANSI / ASCII / VM <input type="checkbox"/> Other _____

4. Label Information

<input type="checkbox"/> Black and White Automation Label a. Label Sequence (required information) From: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
b. Media ID Label Required <input type="checkbox"/> Yes ("E" 1100' only) <input type="checkbox"/> No

5. Additional Instructions