

TRi - Magnetics Corp.

DLT Label Order Form (PLEASE FILL OUT FORM COMPLETELY)

1. Customer Information Bill To:

Name

Address

City State Zip

Order Date PO

2. End User Information Ship to:

Name

Address

City State Zip

Order Date PO

3. Cartridge Information

<input type="checkbox"/>	DLT III	Label Quantity Ordered _____	Customer Requested Delivery Date _____
<input type="checkbox"/>	DLT III XT	Label Quantity Ordered _____	Customer Requested Delivery Date _____
<input type="checkbox"/>	DLT IV	Label Quantity Ordered _____	Customer Requested Delivery Date _____

* (Please circle color choice) Blue Yellow Green Red

4. Label Information Minimum Order is 100 Labels

EDP a. EDP Label Type

Description (EDP Part #) _____, _____ (Label Sequence C & D are below.)

(Label Sequence C) (Label Sequence D)

	Character	Alpha Background Color Choice* <small>*(color choice must be specified)</small>	Numeric Background Color Choice
b. Alpha Characters			
<input type="checkbox"/> Yes	1. _____	_____	_____
<input type="checkbox"/> No	2. _____	_____	_____
	3. _____		

Label Sequence From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

d. Label Sequence From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

Customer will provide labels (Please note sequence does not have to be eight characters.)

Please specify: Date sent _____ Via _____

Label Sequence: From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

(Please note sequence does not have to be eight characters.)

5. Special Instructions _____

6. Signature (required) _____