

Bespoke Label Enquiry Form

LEF No.

IMPORTANT INSTRUCTIONS

Please ensure Sections 1 & 2 are fully completed & provide any draft artwork in the space provided. Alternatively attach an example of the label you require or email your artwork to quotes@waltersmedical.co.uk. We will endeavour to respond to your enquiry within 24 hours with our no obligation quotation and proof for approval.

1 Customer/Hospital Contact Details

Contact Name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Position	<input type="text"/>	Email	<input type="text"/>
Department	<input type="text"/>	Telephone	<input type="text"/> Ext. <input type="text"/>
Hospital/Trust	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>

2 Label Specification – please enter details clearly & if possible provide a sketch, artwork or an example of your label.

Please note that a minimum order quantity may be applied to justify artwork & set-up costs; full details will be provided with our quotation.

Label Description	Qty	SIZE cm/mm		Label Colour(s)	Text Colour	Font
		Length	Depth			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide label sketch below:

Do you require a writeable surface: Yes No

3 Walters Medical use only

Date Received	Checked by:	Quote Date				Proof Date	V No.	Amend	Approved	Approval Date
		Quantity								
Price										