



ARTWORK REQUEST FORM

Crowd Control and Healthcare

DATE: _____

CUSTOMER NAME: _____ CUSTOMER # _____

BAND STYLE: _____ STOCK LOGO: _____

2008 Band: 1000/Box **Sheets of 10**

DESCRIPTION (LAYOUT) please circle the correct position of your logo



CENTERED (FR3)



END STAMP (FR12)



BOTTOM STAMP (FR5)



TOP STAMP (FR1)



SNAP END (FR13)



SNAP END (FR14)



END STAMP (FR15)



STRAP PRINTING

TOP STAMP (FR10)

BOTTOM STAMP (FR11)

CENTERED (FR16)

OTHER - PLEASE SPECIFY: _____

SERIAL NUMBERS: NO () YES ()

WORDING: ALL CAPS () Upper & Lower Case ()

BOTTOM STAMP (FR9)



END STAMP (FR12)



MEXICO (FR10)



IMPRINT COLOR: _____

CUSTOMER CARE E-MAIL ADDRESS