Please Fill the form and save it on your computer and then send it to the below e-mail address.

Email to: Orders@fabriclabels.com

Fax to: 213-746-4412

Please E-mail your Artwork as an AI, EPS, or PDF file (all fonts must be converted to outline). A JPEG file is only a picture of the actual artwork. It is only good for viewing. The name of the Label (job) should match the name of the artwork file you send us.

Should match the name of	uie ai tw	ork me y	ou senu t	15.			
Company Informati	on						
Company Name							
E-mail							
Phone#							
Address				Ci	ty		
State		Sele	ct State			Zip code	
Fax#							
Billing Information	-						
Contact Name							
Credit card company	Select						
Credit Card#		Name on card					
Expiration Date	Month		Ye	ear			
Total Charge:							
Resale #							
Address				Cit	ty		
State	Select State					Zip code	
Shipping Address							
Shipping Type	Selec	t					
Attention							
If you Chose new shipping address please provide here:							
Order Information							
Name on the label							
Type of label							
Type of cut/fold							
Quantity							
Material							
Size of label before fold			×				
Finished Size after fold/cut Specify PMS# for colors			×				
Please Click Here to choos	 se the D	MS num	her accor	riated w	with war	ır color and	enters it above
Notes /any information :		- IIuIII	DCI 05500	Liateu V	vicii yot		CHECIS IL ADOVE
, ,							