

Labels

Custom Tag Express Order Form

This Custom Tag Order Form is for the convenience of you and your authorized Thomas & Betts Distributor. To help expedite your order, please copy this form and fax a completed copy to us. For questions about ordering Custom Tags, call your **Regional Sales Office**.

Fax your order to 450-357-3556.





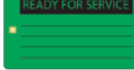

Materials and Available Sizes:

Please check the appropriate boxes for material and size.

Material	Available Sizes
<input type="checkbox"/> Vinyl	<input type="checkbox"/> 3-1/4 in. x 6 in. <input type="checkbox"/> 3-1/4 in. x 5-1/2 in.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Tag Type:

Please check one of the options below for English or French Language.

<input type="checkbox"/> E  <input type="checkbox"/> F Caution	<input type="checkbox"/> E  <input type="checkbox"/> F Danger	<input type="checkbox"/> E  <input type="checkbox"/> F Lockout	Quantity: <input type="text"/> No minimum order. Orders for 50+ tags are welcome. Call for delivery and additional volume discounts.
<input type="checkbox"/> E  <input type="checkbox"/> F Inspection and Material Control	<input type="checkbox"/> E  <input type="checkbox"/> F Production Status	<input type="checkbox"/>  Blank (No Message)	

Message, Tag Front:

Please print your message clearly in the box below.

Message, Tag Front:

Please print your message clearly in the box below.

Distributor Billing Location:

Distributor Name: _____
 Distributor Address: _____
 P.O. Number: _____
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____

Brass Grommets/Eyelets:

Please check the appropriate boxes for number and size.

Numbers	Available Sizes
<input type="checkbox"/> 1 <input type="checkbox"/> Other _____	<input type="checkbox"/> 1/4 in. <input type="checkbox"/> Other _____

Protective Options:

Self-Laminating Covers	UV Protection
<input type="checkbox"/> Front <input type="checkbox"/> Back	<input type="checkbox"/>

Additional Options:

Bar Codes Carbon set Performance Sequential Numbering

To discuss these options, call your Regional Sales office.

Shipping Location:

Your Name/Title: _____
 Company Name: _____
 Attn: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone/Fax Number: _____
 P.O. Number: _____

