**Label Enquiry Form**

DATE OF ENQUIRY:……………………………………………….

CUSTOMER/COMPANY NAME:

DATE PRODUCT IS REQUIRED:

DELIVERY ADDRESS:

POSTCODE:

CONTACT TEL:

**PRODUCT DETAILS**

LABEL MATERIAL: FLEX/RIGID/REVERSIBLE

LABEL SIZE:

LABEL/TEXT COLOUR:

FIXING: SCREW HOLES/SELF-ADHESIVE

SCREW HOLE SIZE (IF APPLICABLE):

**DRAWINGS/DIAGRAMS/INFO**