



Labels Catalog Order Form

1 Bill To

Lancer Account# _____ Quote# _____
(If Applicable)
 PO# _____ Date _____
 Company _____
 Attention _____
 Street _____
 PO Box _____
 City _____ State _____ Zip _____
 E-mail _____
 Phone _____ Fax _____

2 Ship To (if different than Bill To)

Company _____
 Attention _____
 Street _____

 City _____ State _____ Zip _____

3 Payment Method

All orders are shipped FOB factory. Charges are invoiced to your account.

Visa MasterCard American Express
 Bill my Lancer account COD (no dropships)
 Credit Card Number
 Expiration Date: Month ____ Year ____

4 Shipping Method

Orders will ship ground service unless otherwise specified. Current published rates plus handling charges will be added to your invoice. Please ship my order:

Ground 2-Day Next Day Other _____

Orders to Puerto Rico, Hawaii and Alaska must ship air or priority mail.
Prepaid orders will be invoice for shipping costs incurred.

5 Label Environment

Indoor Outdoor High Humidity Under Water
 Refrigerator/Freezer Chemicals Solvents
 Other _____

Surface

Inside Window Outside Window Metal Wood
 Corrugated Vinyl Paper Plastic Curved
 Other _____

Use

Ink-Jet Printer Laser Printer Thermal Printer

6 Order Information

New Order Exact Reorder Reorder WITH Changes

If reorder, give last order/design number _____

A 10% over/underrun will be billed accordingly.

No overruns, will accept underrun Ship exact quantity

7 Proofs (will extend production time)

Press Proof @ \$40 per color, per proof
 Color PROOF @ \$35 per proof
 Email Proof @ \$15 FAX Proof @ \$15



a Custom Resale Group company

Toll Free Phone
 (7am – 5:30pm CT)
 800-228-7074

Toll Free Fax (24 hours)
 800-344-9456

Internet Address
 www.lancerlabel.com

Email Orders
 orderdesk@lancerlabel.com

Street Address
 301 South 74th Street
 Omaha, NE 68114

8 Label Information

Catalog Product # _____

Quantity _____

Number of Designs _____

Standard Ink colors at no additional charge

- | | | |
|--|--|---|
| <input type="checkbox"/> Black #1 | <input type="checkbox"/> Pink #27 | <input type="checkbox"/> Orange #9 |
| <input type="checkbox"/> Silver #21 | <input type="checkbox"/> Varnish #18 | <input type="checkbox"/> Orange/Red #3 |
| <input type="checkbox"/> Gray #14 | <input type="checkbox"/> Teal #37 | <input type="checkbox"/> Red #10 |
| <input type="checkbox"/> Light Gray #26 | <input type="checkbox"/> Dark Green #12 | <input type="checkbox"/> Ivory #19 |
| <input type="checkbox"/> Brown #15 | <input type="checkbox"/> Light Green #13 | <input type="checkbox"/> White #17 |
| <input type="checkbox"/> Gold #16 | <input type="checkbox"/> Mint Green #28 | <input type="checkbox"/> Purple #5 |
| <input type="checkbox"/> Dark Blue #6 | <input type="checkbox"/> Burgundy #8 | <input type="checkbox"/> Dk. Violet #34 |
| <input type="checkbox"/> Medium Blue #11 | <input type="checkbox"/> Ruby Red #4 | |
| <input type="checkbox"/> Light Blue #7 | <input type="checkbox"/> Yellow #2 | |
| <input type="checkbox"/> Baby Blue #29 | <input type="checkbox"/> Yellow Gold #41 | |

PANTONE® Color Match _____

Standard Stocks

- | | |
|---|---|
| <input type="checkbox"/> White Gloss | <input type="checkbox"/> Orange Fluorescent |
| <input type="checkbox"/> White Matte | <input type="checkbox"/> Green Fluorescent |
| <input type="checkbox"/> Yellow Gloss | <input type="checkbox"/> Pink Fluorescent |
| <input type="checkbox"/> Yellow Matte | <input type="checkbox"/> Chartreuse Fluorescent |
| <input type="checkbox"/> Red Fluorescent | <input type="checkbox"/> Blue Fluorescent |
| <input type="checkbox"/> Bright Gold Foil | <input type="checkbox"/> Purple Fluorescent |
| <input type="checkbox"/> Bright Silver Foil | <input type="checkbox"/> Clear Film |
| | <input type="checkbox"/> White Gloss with Opaque Adhesive |

Premium Stocks

- Laminated White Vinyl PressAbels™ White Gloss
 Laminated Yellow Vinyl

Finishing Options

- Rolls (500) Rolls (1000) Dispenser Boxes

9 Pricing

Pricing shown below are in U.S. Dollars

Qty _____ X Unit Price \$ _____	=	\$ _____
Dispenser boxes @ \$.40 each	=	\$ _____
Proofs: Email or Fax @ \$15, Color @ \$35, Press @ \$40 per color, per proof	=	\$ _____
PANTONE color match @ \$40 per color, per order	=	\$ _____
Total	=	\$ _____

10 Label Layout

Layout Information *Sketch Artwork and Copy Here*

Copy & Art Placement

- Justified Centered Flush Left Flush Right
 Border sets 1/16" from edge No Border

Type Style _____ Point Size _____

- Lancer designers to select

11 Sending Art

File Name _____

- | | | |
|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Mac | <input type="checkbox"/> InDesign | <input type="checkbox"/> Tiff |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Illustrator | <input type="checkbox"/> Eps (include original) |
| | <input type="checkbox"/> Freehand | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Corel Draw | _____ |
| | <input type="checkbox"/> QuarkXpress | _____ |

Please be sure to include both screens and printer fonts.

12 Additional Information

For non-catalog (custom) items, please call 800-228-7074 and speak with one of our knowledgeable customer service specialists.

Email: orderdesk@lancerlabel.com

Visit: www.lancerlabel.com

Call: 800-228-7074

Fax: 800-344-9456