Bespoke Label Enquiry Form

LEF No.

IMPORTANT INSTRUCTIONS

Please ensure Sections 1 & 2 are fully completed & provide any draft artwork in the space provided. Alternatively attach an example of the label you require or email your artwork to quotes@waltersmedical.co.uk. We will endeavour to respond to your enquiry within 24 hours with our no obligation quotation and proof for approval.

1 Customer/Hospital Contact Details

Contact Name | Date / /

Position | Email

Department | Telephone Ext.

Hospital/Trust

Address

Postcode

2 Label Specification – please enter details clearly & if possible provide a sketch, artwork or an example of your label.

Please note that a minimum order quantity may be applied to justify artwork & set-up costs; full details will be provided with our quotation.

Label Description	Qty	SIZE cm/mm		Label Colour(s)	Text Colour	Font	Adhesive Type
		Length	Depth				
							Permanent ❑ Removable ❑

Please provide label sketch below or use a larger sheet of paper if necessary:

What will you be sticking your label on? _____

Do you require a waterproof label: Yes ❑ No ❑ Do you require a writeable surface: Yes ❑ No ❑

3 Walters Medical use only

Date Received	Checked by:	Quote Date				Proof Date	V No.	Amend	Approved	Approval Date
		Quantity								
		Price								

Please complete and return form to:
Walters Medical Ltd, 30 Campus 5, Third Avenue, Letchworth Garden City, Hertfordshire, SG6 2JF
Tel: 0845 6800 377 Email: sales@waltersmedical.co.uk Web: www.waltersmedical.co.uk