



Custom Label Checklist

Your Name: _____

Company: _____

Address _____

Phone _____ Email for Proof _____

Type of Label: Rx Label Mailing Label Specialty Label

Software _____

Adhesive Material:

- Removable Permanent EDP
- Thermal Transfer Direct Thermal Litho
- Foil Tire Adhesive Other _____

Label Format: Roll Laser Pinfed
 Other _____

Printer Information:

Make _____ Model _____ Drawer Used _____

Label Information:

Size _____ Quantity _____ Background Color _____

Font Style _____

Imprint Information:

- 1-color/1st Imprint Color: _____
- 2-color/2nd Imprint Color: _____
- 3-color/ 3rd Imprint Color: _____

Auxiliary Labels are usually yellow. For a link to PMS Colors (Pantone Matching System) go to: www.jayscompany.com and click on company/resources /PMS colors.

Logo/Art Format: PDF EPS TIF Other _____

What Would You Like Your Labels to Say?

To help you create your Rx Labels and Mailing Labels, please call us at **1-800-647-5297/763-557-0056** or **FAX** your checklist to **1-800-547-0165 / 763-557-0165**