



REFRESH YOUR PUBLIC RELATIONS

YOUR ORGANIZATION				YOUR BRAND				
ORGANIZATION NAME				BRIEF DESCRIPTION OF YOUR ORGANIZATION				
PRIMARY AUTHORIZED PERSON	PHONE NUME	ER						
			Т	agline:				
ADDRESS				BRAND COLO	RS (PANTONE	OR CMYK)	BRAN	ID SPECIFIC FONTS
			1	•				
CITY S	STATE OR PROVINCE ZIP CODE)				
			3	3.				
	EMAIL		4	•				
			5					
BILL DELIV			JLD YOU LIKE	YOUR LABEL DISI	PLAYED ON	NOUR WEBSITE?		
Email Mail Both				YES NO Link to:				
		YOURL	ABEL					
BOTTLE SIZE								
500 ml								
296 ml								
296 ml 								
kan bereiten in der Stellen in der Stellen im der								
d dev pu	YOUR LOGO}							
		JR	LU	'U '				
BORDER STYLE	BF	RIEF DESCRIPTION OF	DESIRED LAB	EL DESIGN		INITAL O	RDER	LABEL PAR LEVEL
None						(5,000 minimum)		Order labels if the quantity on hand falls below this number.
Round						5,000 is enough for 10,000 is enough f		Leave blank to order as needed (can add 1 week to delivery)
Square								
oquaro		A.L.	TUODI	ZATION				
AUTHORIZATION 2ND AUTHORIZED PERSON NAME 3RD AUTHORIZED PERSON NAME								
					0112			
EMAIL		PHONE NUMB	ER		EMAIL			PHONE NUMBER
AUTHORIZED PERSON PREFERENCE	S AUTH	ORIZED PERSON SIGN	ATURE	AUTHORIZED	PERSON PRE	FERENCES .	AUTHORIZ	ED PERSON SIGNATURE
Place Orders Update In	fo			Place Ord	lers U	Jpdate Info		
PRIMARY SIGNATURE	Return	this form along with an	y graphics and	d font files you	u would like to	use to water@hy	vdratepr.cor	m. You will receive a draft
		-3 business days and						
PRINTED NAME							s made will	be subject to setup fees.
	ragree	to pay all invoices and	iee's associat	ied with this jo	io upon receip	ot of invoices.		
DATE	CUST	OMER NUMBER	JOB	NUMBER	ES	TIMATE NUMBER	1	PURCHASE ORDER