



Company Name: _____

Email: _____

Contact Name: _____

Purchase Order: _____

Ph No.: _____

Job No./Name: _____



27 Northgate Drive, Thomastown VIC 3074

Ph: 9465 7631 Fax: 9464 7632

PLEASE ENSURE ALL BELOW INFORMATION IS LEGIBLE AND CORRECT

EXAMPLE **EXAMPLE**

Continue to next label?

L 400 mm	<i>PHASE FAIL</i>			<i>COMPRESSOR 1</i>	<i>COMPRESSOR 2</i>	<i>COMPRESSOR 3</i>	H
H 20 mm	50mm	100mm	200mm	300mm			
QTY: 1							

WB RW BW WR Y/B
 Other Color: _____

Continue to next label?

L mm							
H mm							
QTY:							

WB RW BW WR Y/B
 Other Color: _____

Continue to next label?

L mm							
H mm							
QTY:							

WB RW BW WR Y/B
 Other Color: _____

Continue to next label?

L mm							
H mm							
QTY:							

WB RW BW WR Y/B
 Other Color: _____

Continue to next label?

L mm							
H mm							
QTY:							

WB RW BW WR Y/B
 Other Color: _____