

Proof

Our Graphics Department has prepared this proof to help you visualize copy placement and color separation of your label. Please review the design concept as well as the ink colors carefully. Your signature of approval gives us permission to proceed with your order. If any corrections are required, please make them on this sheet. *Please return this proof promptly via mail or fax. Orders will not proceed without written approval by the customer.*

- NOT FOR EXACT COLOR MATCH FOR PLACEMENT ONLY -



LABEL SHOWN ACTUAL SIZE

CUSTOMER SIGN-OFF

If any corrections are required, please make them on this sheet.

Approved by: _____ Date: _____
Signature *Date*

Thank you,



SPECIALTY PRINTING LLC
Label Manufacturers

4 Thompson Road
East Windsor, CT 06066
Main Office: (860) 623-8870 Fax: (860) 623-8861

SPECIALTY SIGN-OFF

Approved by: _____ Date: _____
Production Coordinator Signature *Date*

Approved by: _____ Date: _____
Art Dept. Signature *Date*

LABEL INFORMATION

Designed by: Dan Silva Date: 6-6-08

Customer: Stock

Job ID: B777 Rev: _____

Label Size: 1.0 "W x 1.0 "H CR: _____

Fonts: Avant Garde

Spot Colors: Four Color Process:

PMS: Black PMS: _____ PMS: _____

PMS: _____ PMS: _____ PMS: _____

PMS: _____ PMS: _____ PMS: _____

PMS: _____ PMS: _____ PMS: _____

