

Please send the completed form to Fax: 604-527-8368
Email: labels@qai.org

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QAI LABEL ORDER FORM

Plumbing Fixtures

Date:		C	QAI Listing Numbe	er:		
Compar	ny Name:					
Manufa Location						
	PURCHASER		R	ECEIVER		
,	(OICES WILL BE SENT TO THE PURCHASER)					
	Address as Receiver					
Contact I		Contact Name:				
Phone N	umber:	_ Ph	none Number:			
PO#:	A - 11 - 1	Sł	nipping Address:			
Invoice № □ Email						
⊔ Liliali Address:						
nauress. Details:						
	SHIPPIN	G INFOR	RMATION			
Preferre	d repley rups ru	G INFOR	RMATION			
Preferre Shipping Shipping	ed		Date/Time	. /	/	
Preferre Shipping Shipping Number	ed	Other	Date/Time Required:	/		
Preferre Shipping Shipping Number	ed	Other	Date/Time Required: charges added to	/		
Preferre Shipping Shipping Number	ed	Other	Date/Time Required: charges added to	the invoice:		
Preferre Shipping Shipping Number Please	ed	Other	Date/Time Required: charges added to	the invoice:	ONLY	
Preferre Shipping Shipping Number Please	ed	Other	Date/Time Required: charges added to	the invoice:	ONLY	
Preferre Shipping Shipping Number Please Item 1058 1050 1052	ed	Other	Date/Time Required: charges added to	the invoice:	ONLY	
Preferre Shipping Shipping Number Please Item 1058 1050	ed	Other	Date/Time Required: charges added to	the invoice:	ONLY	
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Preferre Shipping Shipping Number Please Item 1058 1050 1052	ed	Other	Date/Time Required: charges added to	the invoice: TERNAL USE Serial Number	ONLY	
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REVISON 2 May 27, 2016