



International Meat Inspection Consultants, Inc.
10201 Cove Ledge Court, Montgomery Village, MD 20886
Phone: (301) 570-1058 Fax: (301) 977-8677

Label Transmittal Order Form

COMPANY INFORMATION	
Company Name:	
Address Line 1:	
Address Line 2:	
City, State, Zip:	
P.O.# (if required):	
Country (if not US):	
Contact:	
Phone:	Fax:
Email:	
RETURN INFORMATION (if different than above)	
Company Name:	
Address Line 1:	
Address Line 2:	
City, State, ZIP:	

EXPEDITING SERVICE
<input type="checkbox"/> RUSH (labels submitted within 24-48 hrs after receipt, faxed back if requested, no additional charge)
<input type="checkbox"/> REGULAR (labels submitted within 5 days after receipt with optional services below)
<input type="checkbox"/> FAX BACK-extra \$6 per label
<input type="checkbox"/> PHONE BACK-extra \$5 per label
<input type="checkbox"/> CN PROCESSING
<input type="checkbox"/> GENERIC LABEL REVIEW
RETURN SERVICE
<input type="checkbox"/> FEDEX (Acct.# required):
<input type="checkbox"/> REGULAR
<input type="checkbox"/> SPECIAL INSTRUCTIONS:
OTHER SERVICE
PREPARE NUTRITION FACTS PANEL
<input type="checkbox"/> RUSH 48-72 hrs (camera-ready panels developed using database if appropriate)
<input type="checkbox"/> NON-RUSH 5-7 business days
<input type="checkbox"/> MODIFY LABEL (as needed for approval process)
<input type="checkbox"/> NO CHANGE (process as submitted)

OFFICE USE ONLY

PRODUCT CODE OR NAME	EST#	R	FE	X	ORDER#	BARCODE	APPR#	DATE
1								
2								
3								
4								
5								
6								
7								

PLEASE SUBMIT 3 COMPLETE SETS OF EACH LABEL FOR REVIEW.