

CUSTOMER SERVICING REQUIREMENTS
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DATE:
CUSTOMER NAME:
CUSTOMER NUMBER:
TEL NO
CONTACT
EMAIL

DATE LABEL	
SPINE LABEL	
BAR CODE	
OWNERSHIP STAMP	
GRID STAMP	
SECURITY TRIGGER	
BOOK CARD	
CAT. CARD	
LYFGUARD	
WALLETS/CONTACT	
SLEEVES	
INVOICING	
PACKING	
DELIVERY	

SPECIAL INSTRUCTIONS
