

Westone®

THE IN-EAR EXPERTS®



Private Label battery Order Form

Name: _____

Date: _____

Phone: _____

Fax: _____

Account #: _____

Email: _____



1.825" x .625"
Printable Area

Select and provide the Information to be printed:

LOGO YES NO

(please provide hi res artwork via email)

ADDRESS YES NO

PHONE YES NO

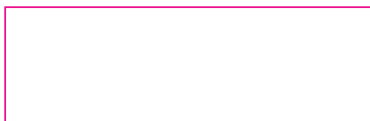
WEBSITE YES NO

Approval Sign-Off

Upon receiving imprint proof:

Please review, check appropriate box and return via email.

Your Imprint Proof



Actual size of printable area.

- Approved as is (signature required)
- Approved with changes
- Make changes and send another proof

Signature: _____ Date: _____