

Customer Art Approval Form

Tracking Number:

PROMADV PO#57725_COX HEALTH PLANS (W312893)

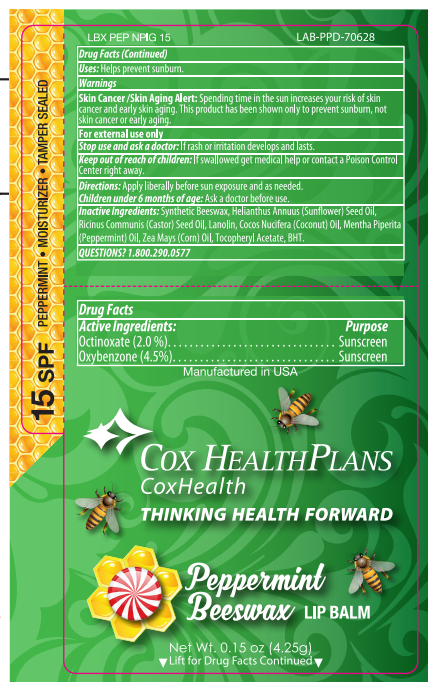
ITEM PPD-319

Beeswax Peppermint SPF 15

REPEAT

*ANY CHANGE REQUEST
TO AN EXACT REPEAT ITEM
COULD BE SUBJECT TO SETUP FEE

LAB-PPD-70628



IMPRINT AREA
1.75" X 1.40"

Imprint Color(s)



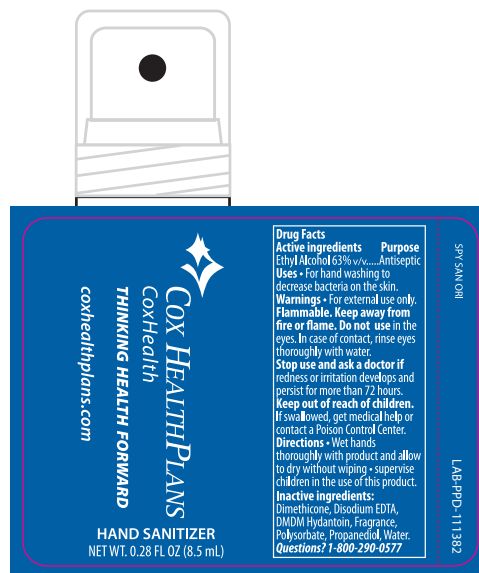
ITEM PPD-390

HAND SANITIZER SPRAY

REPEAT

*ANY CHANGE REQUEST
TO AN EXACT REPEAT ITEM
COULD BE SUBJECT TO SETUP FEE

LAB-PPD-111382

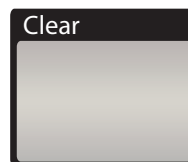


IMPRINT AREA 1.3" X 1.7"

Imprint Color(s)



Cap Color



Art Guidelines

1. Labels

- Positive imprint - 5 pt minimum Sample Text
- Reverse imprint - 7 pt minimum Sample Text
- Serif and italic types - 7 pt minimum Sample Text
- Line weight, positive lines - .5 Sample Text
- Line weight, reverse lines (gap) - .75 Sample Text

* Ornate and display type faces will be printed on a case-by-case analysis.

* Registered marks and trademarks should be enlarged for clear printing.

Color Variance Notification

- This PDF file is being viewed on an RGB monitor therefore there will be a variance between the color on your screen and the color of the actual finished product.
- This proof should be used to inspect the layout, spelling, color selection and approximate color appearance.
- Colors printed on different mediums (ie: label and box) will not be an exact match.
- This proof is not an exact match of the finished product color or quality of the printed piece.

Ship Date is 5 Business Days from Art Approval