


Dear customer,

Thank you for your order. Please complete this form to simplify the order process, sending it to the email [melastore@melag.de](mailto:melastore@melag.de). If this not an option, you can fax it to +49 (0)30 75 79 11-99.


Practice	Depot / stockist
Street / house number	Street / house number
Post code / city	Post code / city
Country	Country
Telephone for queries (with country code)	Telephone for queries (with country code)
Email	Email
MELAG order confirmation number:	

Please select one of the illustration types and enter the data that you wish to be printed on your identification plate in the following table.


**Type A**



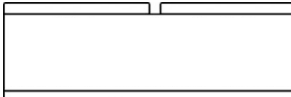
**Type B**





**Type C**





**Type D**





  
**Color no. 1**  
 white  
 01550


  
**2**  
 red  
 01551


  
**3**  
 green  
 01552


  
**4**  
 light blue  
 01553


  
**5**  
 yellow  
 01554


  
**6**  
 orange  
 01555


  
**7**  
 ochre  
 01557




  
**8**  
 dark blue  
 01970

  
**9**  
 rose  
 01992

  
**10**  
 purple  
 01993

  
**11**  
 brown  
 01558

  
**12**  
 black  
 01556

-  The maximum number of characters for a plaintext is 15. The minimum number of characters for a coded barcode is 3 and the maximum number is 15.
-  When selecting the illustration type C, the plaintext is coded as barcode by default. A deviating barcode text can be coded optionally due to specifications given by a material management system for example.
-  Green signs are only available in type A and D design.

Quantity	Illustration type	Color no.	Label (min. 3 characters for bar-code and max. 15 characters)	Optional: Deviating barcode text for illustration type C
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			



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