



Sample Label Approval Form

Please send this form along with sample labels (**Part Label & Master Label**) to:

Helen Huot
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Labels must be submitted as soon as possible.

Date: [Click here to enter a date.](#)

Supplier Name	Click here to enter text.				
Address	Click here to enter text.				
City	Click here to enter text.	Province/State	Click here to enter text.	P.C./ZIP CODE	Click here to enter text.

Contact Name	Click here to enter text.				
Phone	Click here to enter text.	Cell	Click here to enter text.	Fax	Click here to enter text.
Email	Click here to enter text.				

The following labels were approved:

Part Label

Master Label

Approved: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Helen Huot

The following labels were **NOT** approved:

Part Label

Master Label

[Click here to enter text.](#)

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App. By: M.J.J. Quail