



Client:
Title:
Job #:

Date:
Kind:
Fonts:

A to Z AUDIO SERVICES

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Please examine this proof carefully and contact us as soon as possible for approval, changes and/or corrections. In order for your project to be completed on time, we need approval by _____. Thank You.

D IRECTIONS: Please stay within text box outlines so that type will not be cut off at edges. If you have a background image or color, place it in the outline box. Do not enlarge the box as it is already properly sized. If you have used a background color or image, change the border width to zero. Group, copy and paste entire side A label (including outlines) onto Avery 12-up template. Line up with outlines already on template. Do this down entire left column. Repeat for side B on right column. After lining up, ungroup and delete all frames, UNLESS you have used a background color or image.

