

Dear customer,

Thank you for your order. Please complete this form to simplify the order process, sending it to the email [carebox@melag.de](mailto:carebox@melag.de).

\_\_\_\_\_  
MELAG customer number, if available

\_\_\_\_\_  
Practice

\_\_\_\_\_  
Street / house number

\_\_\_\_\_  
Post code / city

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone for queries (with country code)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Depot / stockist

\_\_\_\_\_  
Street / Hausnummer

\_\_\_\_\_  
Post code / city

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone for queries (with country code)

\_\_\_\_\_  
Email

MELAG order confirmation number:	
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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**

Carebox 1

**Type B**

**Type C**

Carebox 1

**Type D**

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.

Quantity	Illustration type	Label (min. 3 characters for barcode 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		

