



**Barcode Verification Order Form**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Purchase Order Number : \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the following for each barcode/label you are submitting**

Product Name	Product Description	Barcode Number
1.		
2.		
3.		

**Name of company or software package used to create the barcode/labels**

\_\_\_\_\_

**State the problem or issue with barcode/label**

\_\_\_\_\_

**Approval Signature**

\_\_\_\_\_

**Please attach original printed barcode (not a Photocopy) and send to**

**AIS, Unit 48 Canal Walk, Park West Industrial Park, Nangor Road, Dublin 12**