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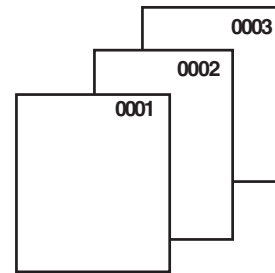
LASER CHECK PACKAGING INSTRUCTIONS

Customer name _____

STANDARD ASCENDING
LOW NUMBER ON TOP, FACE UP

BY: _____

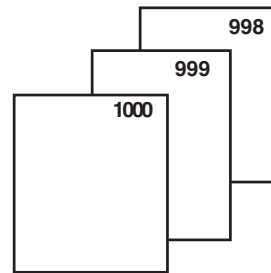
DATE: _____



STANDARD DESCENDING
HIGH NUMBER ON TOP, FACE UP

BY: _____

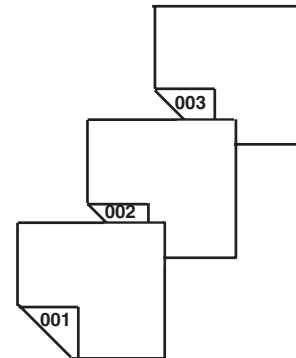
DATE: _____



FACE DOWN ASCENDING
LOW NUMBER ON TOP, FACE DOWN

BY: _____

DATE: _____



FACE DOWN DESCENDING
HIGH NUMBER ON TOP, FACE DOWN

BY: _____

DATE: _____

