

☐ Customer Approved Proof    Name \_\_\_\_\_ Date \_\_\_\_\_



# PROOF



### ITEM/COMPONENT INFORMATION

**CLIENT:** Herbalife\_International  
**ITEM:** L0830EU7-01  
**LABEL CORNER RADIUS:**Unknown  
**LABEL SHAPE:**  
**CONSTRUCTION:**Label  
**SUBSTRATE:**  
**DESCRIPTION:** HSK 30ml Protective  
 Moisturizer SPF Label

DATE: 2/17/2020      TIME: 6:56 AM

**JOB#:** <<jp.JobNumber/>>  
**EPP#:** 1108129  
**BRAND#:**  
**PO#:**  
**DIE:** MM751  
**COPY POSITION:**  
**PRINT METHOD:** Flexo Label  
**FOLDED CARTON SIZE:**  
**FOLDED INSERT SIZE:**

## PROOFING CHECK LIST

- Color Placement
- Copy (Spelling, Fonts)
- Part# / Revision level
- Barcode
- Graphics

## PROOF APPROVAL

- ☒ I approve & proceed with order X
- ☐ Please make change & reproof \_\_\_\_\_  
please sign and date

Please review proofing checklist before signing and dating.

**PLEASE NOTE:**  
PANTONE® or special metallic inks  
used in this proof may not match  
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Use the current PANTONE® swatch  
guide for the most accurate color  
representation.

Dieline

PANTONE 425 C

PANTONE 430 C

PANTONE Cool Gray 3 C Proof Varnish

Cold Foil

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PDF/X  
overprint

A B C D

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02.17.2020 06:56 AM