



Ph. 272-9235\FAX 272-9225

CUSTOMER: _____
 PHONE\FAX #: _____
 ADDRESS: _____

ORDER DATE: DUE DATE:

--	--

COMPUTER FILE NAME:

REPEAT

CUSTOMER PROOF NEEDED

ART TIME:

ART ONLY

T'S SWEATS JACKETS HOODY GOLF SHIRT OTHER

PRODUCTCOLORS: _____

QUANTITY

SM _____
 MED _____
 LGE _____ XXL _____
 XL _____ XXXL _____

- | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> DIRECT SCREEN | <input type="checkbox"/> FULL FRONT | <input type="checkbox"/> FULL BACK | <input type="checkbox"/> STERNUM |
| <input type="checkbox"/> STACKD MOULD | <input type="checkbox"/> LEFT CHEST | <input type="checkbox"/> RIGHT CHEST | <input type="checkbox"/> TAG SIZE |
| <input type="checkbox"/> EMBRIODERY | <input type="checkbox"/> LEFT SLEEVE | <input type="checkbox"/> RIGHT SLEEVE | <input type="checkbox"/> CUSTOM |
| <input type="checkbox"/> SPECIAL EFFECTS | <input type="checkbox"/> LEFT LEG | <input type="checkbox"/> RIGHT LEG | |

INK COLOR(S)

1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____
 3. _____ 6. _____

INK COLOR(S)

1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____
 3. _____ 6. _____

FRONT

BACK

ART APPROVED _____

DATE _____

SIGNATURE _____
