

EMBROIDERY/SCREEN PRINT ORDER

Office Use Only
 Sales Order #: New Order – Reorder (Sales Order #: _____) Artwork sent via: On File Posting Folder Email Mail (art or disk)

Bill To or Buyer ID				<input type="checkbox"/> Same as Bill to Address							
Bill To/Buyer ID:				Ship To:							
Attention:				Attention:							
Address:				Address:							
City:		State:		Zip:		City:		State:		Zip:	
Phone:			Buyer's Name:			Customer PO#:					

Screen Print	Special Instructions	Embroidery
Logo Size:	** Personalization will be printed exactly as it appears on this document.**	Logo Size:
Ink Colors:		Thread Color: <input type="checkbox"/> Use Digitized Colors <input type="checkbox"/> Change Colors to:
Print Location: <input type="checkbox"/> Left Chest <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Left Sleeve <input type="checkbox"/> Right Sleeve Proof Information <input type="checkbox"/> Pellon <input type="checkbox"/> Garment <input type="checkbox"/> Paper <input type="checkbox"/> None	Location: <input type="checkbox"/> Left Chest <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Left Sleeve <input type="checkbox"/> Right Sleeve Proof Information <input type="checkbox"/> Pellon <input type="checkbox"/> Garment <input type="checkbox"/> Paper <input type="checkbox"/> None	

Item #	Garment Description	Color	Tall	Youth	XS	S	M	L	XL	2XL**	3XL**	4XL**	5XL**	6XL**	Qty	Sell Price	Total

* Shipping charges will be pre-paid and added to invoice.
 ** Please place extended sizes on separate lines

Delivery Date: _____ (Allow 30 days after proof is approved)

Subtotal:	
Screen Charges:	
Digitizing Charges:	
Text Charges:	
Art Charges:	
*Total (without shipping)	

Authorized Signature: _____ Date Signed: _____

Pricing will be checked by a sales associate. The form will then be returned to the customer for approval before the order is placed.

