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SALES ORDER:

DATE

DUE DATE:

NAME:

ADDRESS:

TELEPHONE:

FAX:

CELL:

E-MAIL:

SCREEN PRINT ORDER ☐

EMBROIDERY ORDER ☐

REPEAT ORDER ☐

TOTAL	ADULT							YOUTH			COLOR	STYLE NO.	DESCRIPTION	PRICE	TOTAL
	S	M	L	XL	2X	3X	4x	S	M	L					

SET-UP / SCREENS / TAPE CHARGES		
ART CHARGES		
TOTAL OF MERCHANDISE		
SALES TAX		
RUSH CHARGE		
SHIPPING / HANDLING CHARGES		
NET TOTAL		
PAYMENT ENCLOSED		

PAYMENT METHOD:

VISA ☐ **MASTER CARD** ☐

Credit Card #: _____

Name on Card: _____

Expiration Date: _____

Street Address of Card: _____

Zip Code of Card: _____

LEFT CHEST ☐

CENTER CHEST ☐

FULL FRONT ☐

RIGHT CHEST ☐

BACK ☐

PUT NAME ON:

LEFT CHEST ☐

Right Chest ☐

LEFT SLEEVE ☐

Right Sleeve ☐

FONT STYLE:

BLOCK ☐

Script ☐

LETTERING COLOR