



ORDER FORM

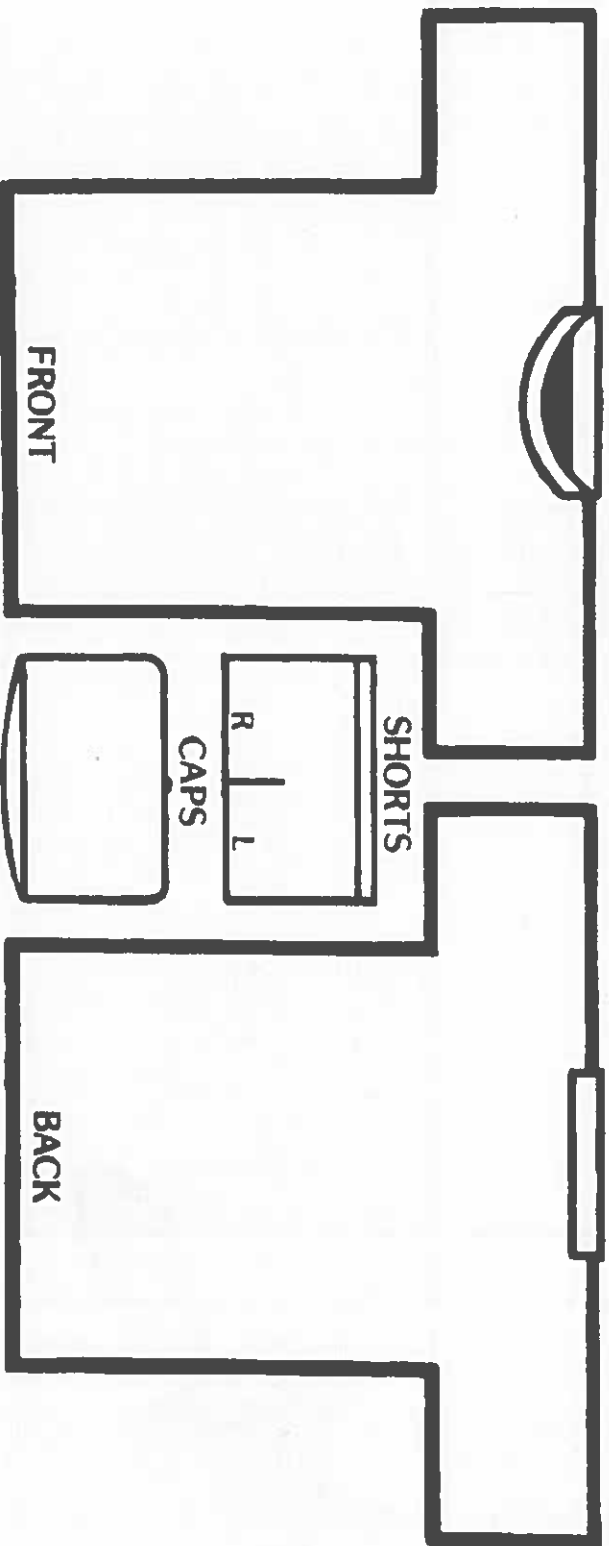
- ☐ ART DEPT.
- ☐ SCREEN DEPT.

☐ SOUTH PARK

☐ OUTSIDE SALES

SALESPERSON _____ DATE ORDERED _____ DATE NEEDED _____

CUSTOMER'S NAME _____ PHONE NO. _____



☐ DIRECT PRINT

SKETCH DESIGN
AS REQUIRED

☐ TRANSFER

GARMENT STYLE	GARMENT COLOR	INK COLOR(S)	LETTERING STYLE					
				S	M	L	XL	TOTAL
		1.						
		2.						
		3.						

ART COMP.

SCREEN COMP.

SPECIAL INSTRUCTIONS: _____
