

PDF Imagewear Order Form

Bill To:	Ship To:
Company Name: _____	Company Name: _____
Contact: _____ Phone: _____	Contact: _____ Phone: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Customer PO #	Terms	Due Date	Sales Rep	Delivery Method	Order Date

Screen Printing:	Embroidery:
Existing Logo (Name) _____	Existing Logo (Name) _____
New Logo (Name) _____	New Logo (Name) _____
Number Of Colors _____	Number Of Stitches _____
Location _____ (Left Chest, Full Back, Sleeve, etc.)	Location _____ (Left Chest, Full Back, Sleeve, etc.)
Art Cost Quoted _____	Digitizing Cost Quoted _____
Cost Each Quoted _____	Cost Each Quoted _____

Quantity	Item #	Description	Size	Color	Vendor	Sell Price	Cost

Notes: