

Premier Uniform Supply Order Form

Bill To: Company Name: _____ Contact: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____	Ship To: Company Name: _____ Contact: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____
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Customer PO #	Terms	Due Date	Sales Rep	Delivery Method	Order Date

Screen Printing: Existing Logo (Name) _____ New Logo (Name) _____ Number Of Colors _____ Location _____ (Left Chest, Full Back, Sleeve, etc.) Art Cost Quoted _____ Cost Each Quoted _____	Embroidery: Existing Logo (Name) _____ New Logo (Name) _____ Number Of Stitches _____ Location _____ (Left Chest, Full Back, Sleeve, etc.) Digitizing Cost Quoted _____ Cost Each Quoted _____
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Quantity	Item #	Description	Size	Color	Vendor	Sell Price	Cost

Notes: