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GARMENT ORDER FORM

BILL TO:

COMPANY _____
BUYER'S NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
FAX _____

SHIP TO: (if different from "BILL TO")

COMPANY _____
ATTENTION _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
EMAIL _____

METHOD OF PAYMENT

☐ Visa ☐ Master Card Card # _____ Exp _____
☐ AmEx ☐ Discover Name on Card _____ BILLING ZIP CODE _____

ITEM #	SIZE	QTY	DESCRIPTION	ITEM COLOR	EMBROIDERY OR BLANK (Mark "E" or "B")	THREAD COLOR	PRICE	CATALOG/ PAGE #

LOCATION OF IMPRINT ☐ Left Chest ☐ Right Chest ☐ Left Sleeve ☐ Right Sleeve ☐ Yoke

IMPRINTING INFORMATION