

PLEASE FILL OUT THIS FORM COMPLETELY TO AVOID DELAYS.

DATE

SHIP DATE

NEW P.O.

REPEAT P.O.

FIRM FLEXIBLE RUSH

SHIPPING/PICK UP:

SHIP CALL WHEN COMPLETE

COURIER OTHER

SHIP METHOD/CARRIER

Account Number:

TO: _____

ATTN: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER _____

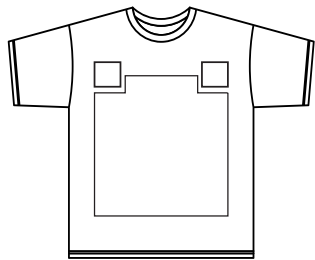
JOB NAME _____

PHONE _____

EMAIL _____

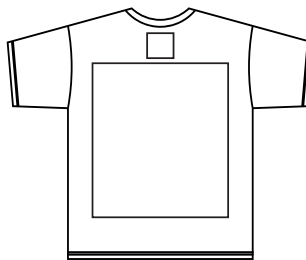
FRONT

THREAD COLORS



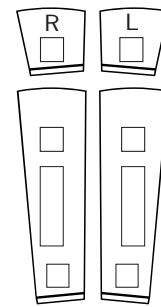
BACK

THREAD COLORS



SLEEVE

THREAD COLORS



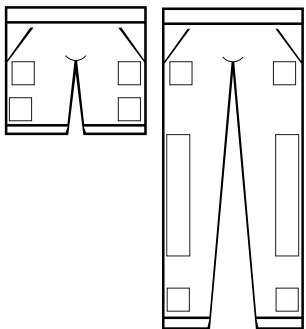
LOGO _____

LOGO _____

LOGO _____

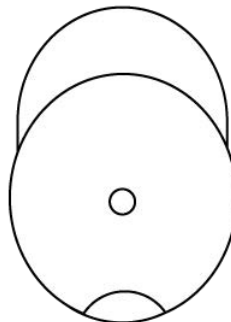
SHORTS/PANTS

THREAD COLORS



HATS

THREAD COLORS



LOGO _____

LOGO _____

APPAREL PO/VENDOR

ARRIVAL DATE

ITEM / COLOR / MATERIAL

XS	S	M	L	XL	2XL	3XL	4XL	5XL	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VENDOR USE:
COUNT
IN:

OUT:

SPECIAL INSTRUCTIONS

GRAND TOTAL