



PREPRINT ORDER FORM

FAX TO 1-800-399-1946

PLEASE PRINT ALL INFORMATION CLEARLY AND CAREFULLY

FAX PAGES
OF

CUSTOMER NAME		
ADDRESS (1)		
ADDRESS (2)		
CITY	PROV/STATE	P/CODE
PHONE		
CONTACT NAME		

CUSTOMER NO	ORDER DATE	DATE REQUIRED
SPECIAL INSTRUCTIONS		
SHIPPING		
TERMS		
OTHER		

GARMENT	COLOUR	2 SM	3 MED	4 LG	6 XL	O/S 2XL	TOTAL	DESIGN NO.	DESIGN DESCRIPTION	PRICE	EXTENSION
	QTY >>										
	QTY >>										
	QTY >>										
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NAME DROP INFORMATION
PLEASE PRINT CAREFULLY AND BE EXACT! WE CANNOT BE RESPONSIBLE FOR YOUR SPELLING ... CHECK IT! FOR A SLEEVE DROP PLEASE CHECK HERE _____

CREDIT CARD AUTHORIZATION
PLEASE CIRCLE CARD TYPE VISA MASTERCARD AMEX
CARD NO EXP
NAME ON CARD SIGNATURE