



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 >>										
	QTY >>										
	QTY >>										
	QTY >>										
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	QTY >>										

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