

My Company  
123 Any Street  
Home Town USA 12345  
(555) 555-1234  
Fax: (555) 555-5678  
www.mycompany.com

DUNS: 00-000-0000

Bill To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ordered By: \_\_\_\_\_

Phone (       ) \_\_\_\_\_

Ship To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

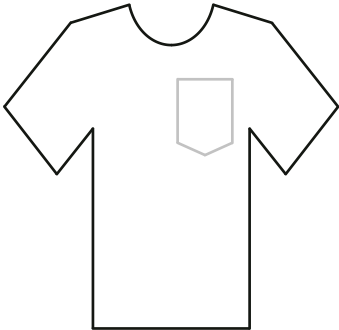
Purchase Order # \_\_\_\_\_

P.O. Date: \_\_\_\_\_

Sold By	Est. Delivery	<input type="checkbox"/> Rush	Terms	Date	For Company Use Only	PO	S	OD	C
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Qty	Stock #	Brand	Description	Color	6 - 8	10-12	14-16	Small	Medium	Large	X-Large	2 XL	Price Ea	Amount

Design Specifications

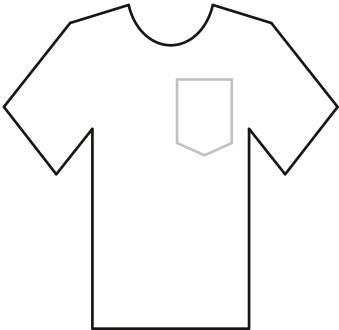


☐ Front  
☐ Back  
☐ Full Size  
☐ Crest Size  
☐ Left  
☐ Right  
☐ Sleeve  
☐ Leg  
☐ Other

Colors:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

Design Specifications

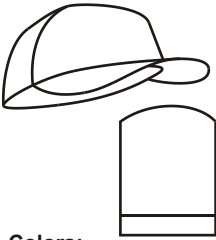


☐ Front  
☐ Back  
☐ Full Size  
☐ Crest Size  
☐ Left  
☐ Right  
☐ Sleeve  
☐ Leg  
☐ Other

Colors:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_

Design Specifications



☐ Cap  
☐ Sleeve  
☐ Left  
☐ Right

Colors:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Art Fees

Screen Chg / Digitizing

Setup

Total Amount Ordered

Sales Tax

Freight F.O.B. Our Factory

Final Total

50% Deposit Required

Balance Due Upon Receipt

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify that the specifications set forth on this order are correct and that I am solely responsible for this orders content. Upon delivery of thiese items in good order I shall render payment in full according to the terms stated herein.