

Embroidery Digitizing Order

Bill To: **My Company**
123 AnyStreet
HomeTown, USA 12345
(555) 555-1234

Design Name: _____

Finished Size: Height: _____ Width Proportional ☐

Inches ☐

Cm ☐

Width: _____ Height Proportional ☐

Purchase Order # _____

Design Information:

Number of Colors: _____

Color	Description
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Special Instructions:

This Design should be made to be applied to:

- | | |
|--|---|
| <input type="checkbox"/> Garment Crest | <input type="checkbox"/> Jacket Crest |
| <input type="checkbox"/> Garment Full Front or Back | <input type="checkbox"/> Jacket Back |
| <input type="checkbox"/> Finished Caps | <input type="checkbox"/> Flat cut/sew Goods |
| <input type="checkbox"/> Finished 6-panel cap (seam) | <input type="checkbox"/> Finished Bags |
| <input type="checkbox"/> Other: _____ | |

Thread:

☐ 40 Weight ☐ 30 Weight ☐ 50 Weight ☐ Metallic

☐ Other: _____

Fabric

- | | |
|---|---|
| <input type="checkbox"/> Twill | <input type="checkbox"/> Quilt Lined Jacket |
| <input type="checkbox"/> Interlock / Knit | <input type="checkbox"/> Spandex |
| <input type="checkbox"/> Fleece | <input type="checkbox"/> Satin |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Silk |
| <input type="checkbox"/> Nylon | <input type="checkbox"/> Other _____ |

Backings / Toppings

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Cut Away | <input type="checkbox"/> Tear Away |
| <input type="checkbox"/> Woven Mesh | <input type="checkbox"/> Water Soluable Topping |

Machine Format

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Barudan | <input type="checkbox"/> Tajima .DST |
| <input type="checkbox"/> Toyota | <input type="checkbox"/> Melco .EXP |
| <input type="checkbox"/> Melco .CND | <input type="checkbox"/> Toyota |

This Machine Has Trimmers: ☐ Yes ☐ No

Payment

- ☐ Bill to Our Account ☐ Ship C.O.D.
☐ Visa ☐ Mastercard ☐ American Express

Card Number _____

Exp. Date _____ Name on Card _____

Signature _____

Delivery Requested

- ☐ Next Day Service
☐ 2nd Day Service
☐ Standard Service

Ship Via:

- | | |
|--|---|
| <input type="checkbox"/> UPS | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Postal Service | <input type="checkbox"/> 2nd Day Service |
| <input type="checkbox"/> Federal Express | <input type="checkbox"/> Next Day Service |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Other: _____ |