

PO: _____ Name: _____ Phone # _____

Due Date: _____ Email: _____

Instructions/#'s: _____

Screen Embroider

Bill to: _____

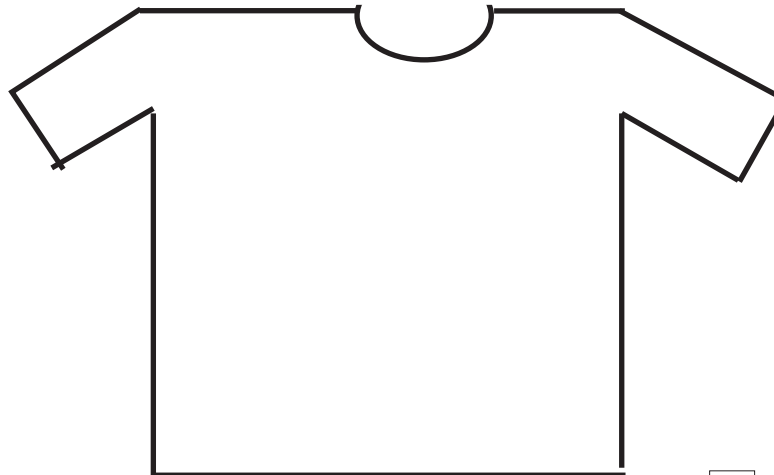
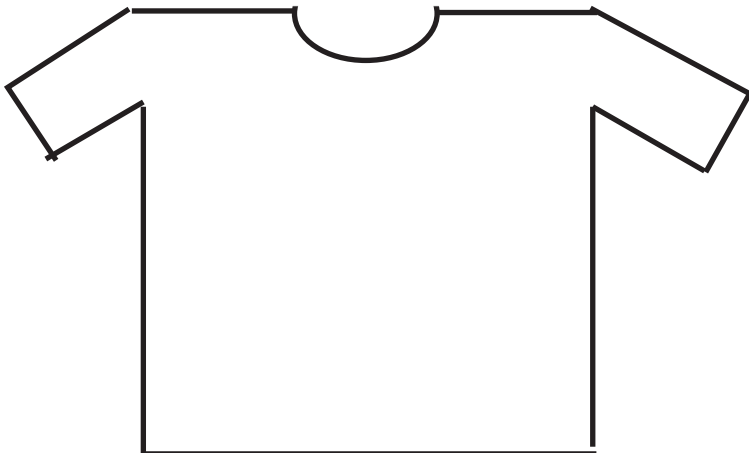
Total	Description 50/50 or 100%	Color	XS	S	M	L	XL	XXL	3XL
			X						
			X						
Youth									

INK COLORS **FRONT**

INK COLORS **BACK**

SLEEVE/SHORT
Right Left

INK COLORS



Right Chest Left Chest FULL
Circle one

Taxable Non-Taxable

Check if mailing. Mail to: _____

Fax 561-361-9311 or email Tvladimir@aol.com