



Digital & Screen Printing Professionals

IN HANDS DATE:

T-SHIRT ORDER FORM

CUSTOMER: _____ SALES REP: _____
 ADDRESS: _____ CONTACT: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

STYLE | T-SHIRT SWEATSHIRT POLO SHIRT OTHER: _____

COLOR | White Black Heather Grey Other: _____

Circle area of desired location:



Style/Color	Adult	Kids	XS	SM	MD	LG	XL	2X	OTHER	TOTAL

Additional Instructions: _____

