

ORDER FORM - SCREEN PRINTING

Date: _____

Customer: _____

Date Promised: _____

Contact: _____

Home: _____ Cell: _____

Work: _____

Email: _____

Fax: _____

Style#/Description	Color	XS	S	M	L	XL	2X	3X	4X	5X	6X	Cost Per	Extension
		xs	s	m	l	xl	2x	3x	4x	5x	6x		
		xs	s	m	l	xl	2x	3x	4x	5x	6x		
		xs	s	m	l	xl	2x	3x	4x	5x	6x		
		xs	s	m	l	xl	2x	3x	4x	5x	6x		
		xs	s	m	l	xl	2x	3x	4x	5x	6x		
		xs	s	m	l	xl	2x	3x	4x	5x	6x		

Ink Colors: _____

Artwork: _____

Screens/Set-Up: _____

Design Placement:

Full Back

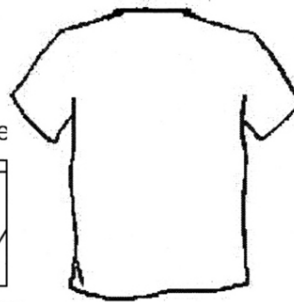
Invoice Total: _____

Full Front
 Left Chest
 Right Chest

F
R
O
N
T



B
A
C
K



Above
 On
 POCKET

Tax: _____

Less Deposit: _____

Net Due: _____

Sleeve
 Leg

Order In: _____

Garments Ordered: _____

Artwork Complete: _____

Screens Burned: _____

Run Complete: _____

Customer Contacted: _____

Notes: _____

New Artwork - No orders will be run prior to customers approval of new artwork for SPELLING, CONTENT AND LAYOUT. Customer requested changes to Artwork will be re-presented to customer again for final approval. Once artwork is approved (signed copy returned to The 1890 T-Shirt Company), CUSTOMER will be responsible for Accuracy of Artwork. **Initials:** _____

All Orders Require a 50% Deposit

Customer Acceptance: / /20 **XX** _____



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