

WORK ORDER FORM

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	DUE DATE:							
TODAY'S DATE:								
	☐ Pick Up	Ship (UPS)						

PLEASE BE SURE TO RENAME AND SAV	E YOUR WO	RK ORDER FORM			Note: By	checking the	@.			FACEBOOK g us permision to
Name: Company: Phone: E-mail:	Bill Add	Billing Address: _ Address 2:			Note: By checking the social media box above you are giving us permision to feature or posta photo of your printed goods on our social media pages City: Zip Code:					
GARMENT BRAND & STYLE	COL	OR XXS	XS	S	M	L	XL	2XL	3XL	TOTAL
Reorder New Artwork Name: Are you supplying the shirts? Yes No *Note: A			TOTAL COUNT INK TECHNIQUES INK TECHNIQUES Plastisol Soft Hand Plastisol Water Base Other Other							
Front Print NOTES:		Back Print		1. 2. 3. 4. 5. 6.	OLORS-I			al instruction		