

Purchase Order Number:

Order Date:

Account Number:

BILL TO

Company Name:				Contact name:			
Address:			City:		State:		zip:
Email:		Phone:				Fax:	

SHIP TO

Name:				Contact name:			
Address:			City:		State:		zip:
Email:		Phone:				Fax:	

Payment Type

Deposit of

%COD Payment

%Terms Amount:

Style	Color	XXS	XS	S	M	L	XL	2X	3X	4X	5X	Price	Total

Order Total _____

Embroidery:	
Setup Fee:	
Shipping:	
Grand Total:	

Signature:	Date:
Sales Rep:	Order ETA Delivery Date:

THANK YOU FOR YOUR ORDER!