

SCREEN PRINTING

# Web Order Request

*We will contact you when we receive your faxed order. If you do not hear from us within 3 days, please call to follow-up.*

Date:	<b>FAX COMPLETED FORM TO US AT 540-722-3167</b>
<b>BILLING ADDRESS</b>	<b>SHIPPING ADDRESS</b> (if applicable)
Name:	Name:
Company:	Company:
Address:	Address: (no P.O. Boxes)
City, State, Zip:	City, State, Zip:
Telephone:	P.O. Number:
E-mail:	Other Phone:
FAX:	Logo Description:
<b>DATE NEEDED BY:</b>	Position(s):

**APPAREL:** List as much information as you can from our online catalog. We can help you with the rest.

Item #	Descrip./Youth/Adult	Color	S	M	L	XL	2XL	3XL	4XL	5XL	TL QTY	TOT \$

<b>NOTES:</b>	DEPOSIT on new acct \$ _____
	METHOD OF PAYMENT:
	<input type="checkbox"/> AmEx <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Dis <input type="checkbox"/> Check
	Card # _____
	Exp. _____ Security _____
	Name as it appears on card: _____

TURNAROUND TIME: 10 business days after art approval