

S.O.# _____

UNLIMITED SILKSCREEN PRODUCTS, INC.

INV# _____

COMPANY _____

NAME _____

ADDRESS _____

PHONE # _____

FAX / E-MAIL _____

FRONT

Proof Required Date Approved _____

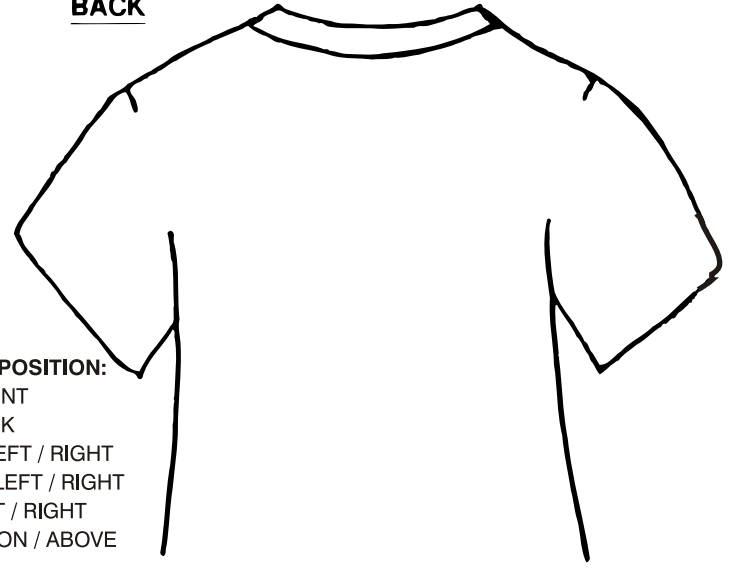
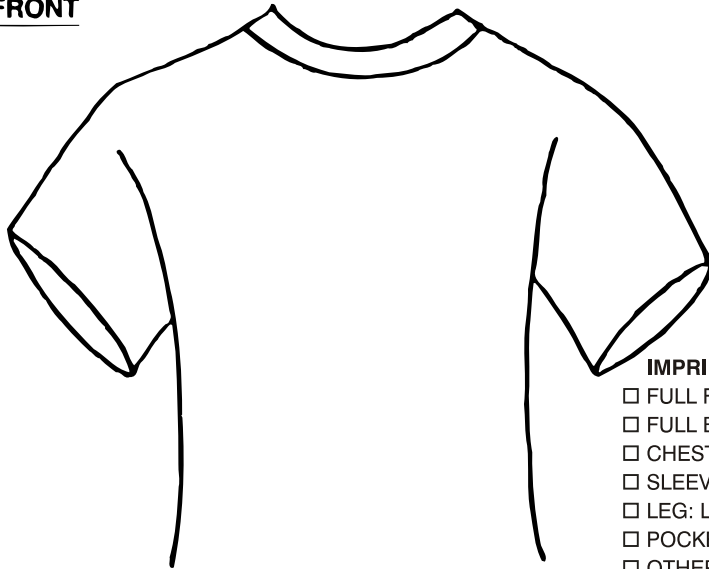
ORDER DATE _____

DUE DATE _____

PO# _____

41 Lexington Ave · Ewing, NJ · 08618
tel: 609-882-0653 · fax: 609-882-5221
artwork e-mail: unlimsilk@comcast.net
order e-mail: karenusp@comcast.net
or: jackieusp@comcast.net

BACK



IMPRINT POSITION:

- FULL FRONT
- FULL BACK
- CHEST: LEFT / RIGHT
- SLEEVE: LEFT / RIGHT
- LEG: LEFT / RIGHT
- POCKET: ON / ABOVE
- OTHER _____

T-SHIRTS / STAFFS / SWEAT SHIRTS / HATS / PANTS / SHORTS / OTHER _____

GARMENTS SUPPLIED _____ OURS _____ ORDERED FROM _____ DATE _____

GARMENT STYLE & COLOR _____

QUANTITY _____

INK COLOR _____

SPECIAL INSTRUCTIONS _____

ITEM	YOUTH:				ADULT:							
	XS	S	M	L	S	M	L	XL	XXL	3XL	4XL	

IMPRINTING _____ @ _____ = _____

ART: NEW _____ REPEAT _____ SUPPLIED _____

_____ @ _____ = _____

ART _____ @ _____ = _____

_____ @ _____ = _____

_____ @ _____ = _____

COLOR CHANGE _____ @ _____ = _____

SHIPPING _____ @ _____ = _____

SET UP CHARGE _____ @ _____ = _____

TOTAL _____

NUMBERS _____ @ _____ = _____

DEPOSIT _____

NAMES _____ @ _____ = _____

BALANCE DUE _____