

Order Form

Customer Information:

Name: _____ Date: _____
Company: _____ PO#: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Shipping Address if different than above:

Address: _____
City: _____ State: _____ Zip: _____

Product Order: (Minimum order 12 pcs. For embroidered items – no minimum for blanks)

Item #	Description	Color	Size	Left Chest Embroidery (Check if needed)	2 nd Location Embroidery (Check if needed)	Qty	Price

Do you need your logo digitized? _____ Do you have artwork for your logo? _____

Comments or Instructions:

Fax this form to 817-460-4492 or mail to:

Embroidery Universe

PO Box 807
Arlington, TX 76004-0807

After receipt of this order form we will contact you to confirm the details of your order.