

CUSTOM APPAREL ORDER FORM

Date Ordered:	
Date Order Needed:	

MAIL TO: NEWFORMS, INC - 245 GRANDVIEW AVE - BELLEVUE, KY 41073E-MAIL TO: trn@newforms.com or dpendery@newforms.comFAX TO: 859.292.2905

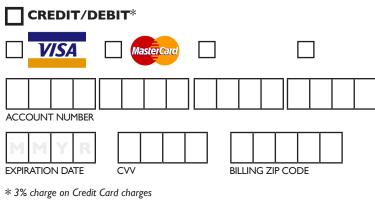
BILLING ADDRESS:

Name:		
Address:		
City:		Zip Code:
Phone Number: ()	
E-mail Address:		

SHIPPING ADDRESS: (If different from Billing Address)

Name:		
Address:		
City:	State:	Zip Code:

METHOD OF PAYMENT:



FORM OF DELIVERY:

SHIP*

DROP-OFF* (Local Areas Only)

* Additional shipping cost based on weight.
* Additional shipping cost based on travel distance.

RUSH CHARGE:

All orders requiring completion in less than 10 business days from the date of order confir-mation are subject to a \$50.00 rush charge. Rush orders will be accepted at the discretion of the Newforms, Inc. Production Staff.

MONEY ORDER MAILED MONEY ORDER PAYABLETO Newforms, Inc..

CASH / CHECK PLEASE PAY EXACT AMOUNT. CHANGE WILL NOT BE GIVEN.

APPAREL ORDER:

Garment	Color	olor Size			uantit	Quantity	
Туре	Γ	S	М	L	XL	XXL]
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TOTAL QTY.:

DESIGN:

Already designed & electronically created by customer.

Please provide true to size artwork in the following file types: ai, psd, eps, or pdf

Needs to be created by NEWFORMS, INC. Art charges (new art or adjustments) will apply at the rate of \$65.00 per hour.

Design Description:

DESIGN PLACEMENT:		\sim
Front Back	$\land \lor \land \checkmark$	\land
Front & Back Sleeve		$\downarrow \qquad \bigvee$
# OF COLORS:		
Front Back		
Sleeve		
	FRONT	BACK