

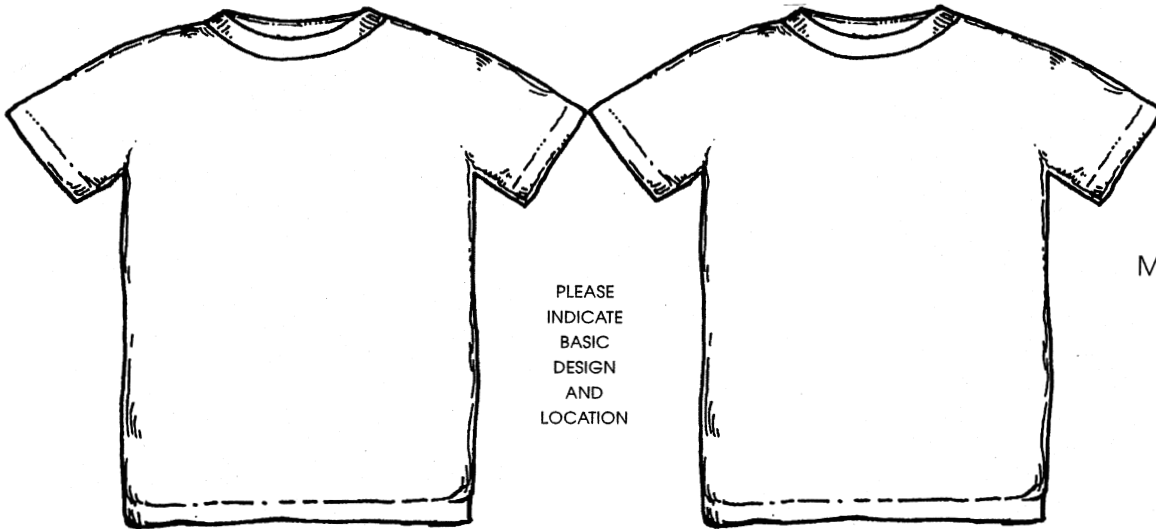
**WORK
ORDER**



1740 N.W. 22 CT. BAY 10
POMPANO BCH, FL 33069
PHONE 954-972-4899
FAX 954-973-7799

JOB DESCRIPTION _____ ACCT. # _____
 COMPANY/BUYER _____ P.O.# _____
 ADDRESS _____ DATE ORDERED _____
 CITY/STATE/ZIP _____ DATE DUE _____
 PHONE/FAX _____ TERMS _____

GARMENT COLOR	DESCRIPTION	S 2-4	M 6-8	L 10-12	XL 14-16	XXL	TOTAL QUANTITY	# COLORS SCREENS	UNIT PRICE	TOTAL PRICE



FRONT
LEFT CHEST / RIGHT CHEST
ON POCKET / ABOVE POCKET

BACK

SubTotal _____
 Art Charge _____
 Screens _____
 Misc. Charge _____
 Sales Tax _____
TOTAL _____
 Deposit _____
 Balance _____
 Shipping _____

TOTAL DUE _____

Ink Colors _____

Comments _____

Customer responsible for all artwork supplied. I understand that the company will not accept cancellation or return of merchandise once this order is signed and processed. There is a 2% damage allowance on all orders.

Signature _____ Date _____