

MERCHANDISE ORDER*

Phone:

E-mail:

(781) 631-5214

gerry5vfa@yahoo.com

	PILICIT	MINDISE ONDE	·/\			
Name:		<i>DATE:</i>				
	Email Address:					
Item	Size *	Color	QTY	Price	Total	
TOTAL AMOUN	NT DUE FOR AL	LL ITEMS:				
REMITTANCE						
Customer Name:						
Amount Paid:						
Payment Type: (cas	sh cradit cha	ck)				
		CK)				
Manager/Bartende	r Initials:					

Our vendor requires a minimum # of items for an order to be submitted (12 for screenprint, 6 for embroidery, 12 for hats/caps). Delivery time is estimated at 2 weeks from order submission.

^{*}Please note PAYMENT must be received in full to order. No exceptions.