

WORK ORDER FORM

SCREEN

EMBROIDERY

Client: _____ Date: _____ Due Date: _____
 Contact Person: _____ Email: _____
 Job Name: _____ Telephone: _____
 Address: _____ City/State/Zip: _____

LOGO

FRONT COLORS

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

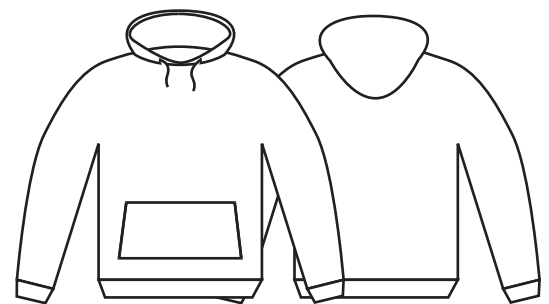
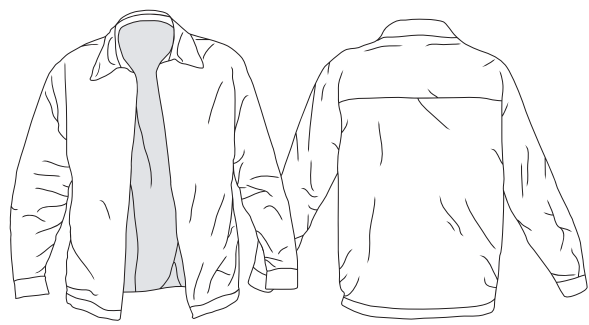
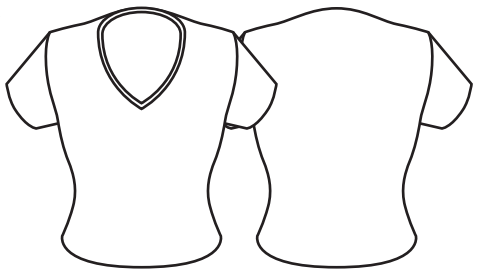
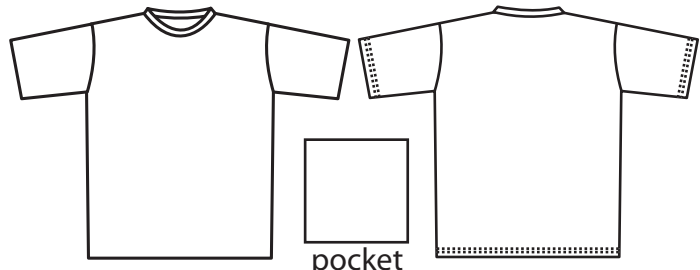
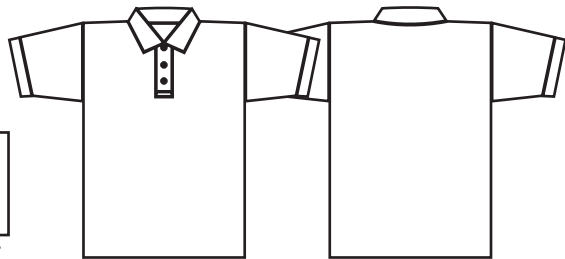
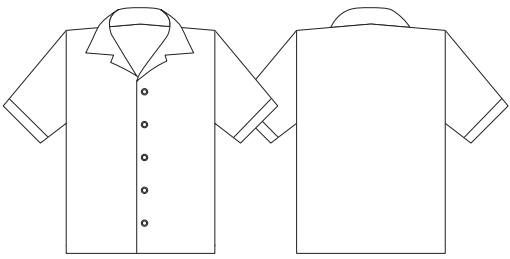
BACK COLORS

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

PLACEMENT

STABILIZER

Job File: _____
 Stitch Out Time: _____ Speed: _____
 Number of Stitches: _____



Special Instructions: _____

Garment Type & Sizes
 Garment Type: _____ SM: _____
 Garment Color: _____ MED: _____
 _____ LG: _____
 YXS: _____ XLG: _____
 YS: _____ YM: _____ YL: _____ XXLG: _____
 _____ 3XLG: _____
 TOTAL: