



WORK ORDER FORM



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DUE DATE:

TODAY'S DATE:

P.O. #:

☐ Pick Up

☐ Ship (UPS)

CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company: _____

Phone: _____

E-mail: _____

SHIPPING INFORMATION

**If different than Customer Information*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company: _____

Phone: _____

E-mail: _____

GARMENT TYPE	GARMENT STYLE	COLOR	XS	S	M	L	XL	2XL	3XL	4XL	TOTAL
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**Standard Garment brand Gildan G500*

TOTAL COUNT

ARTWORK INFO

☐ Reorder ☐ New ☐ Email proof requested

Artwork Name: _____

Are you supplying the shirts? ☐ Yes ☐ No

Is your artwork to size? ☐ Yes ☐ No

ARTWORK SENT BY

☐ Email: _____

☐ Other: _____

SIZE LABEL PRINT

☐ Yes

☐ No

Ink Color: _____

***Note:** All label size prints are printed with soft hand plastisol.

LOCATION OF ARTWORK-FRONT

*Check the boxes that apply. *Check Both for full Print*



RIGHT SLEEVE



SHIRT FRONT

RIGHT

LEFT



LEFT SLEEVE



POCKET

INK COLORS-FRONT

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

NOTES:

LOCATION OF ARTWORK-BACK

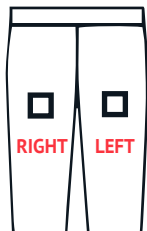
*Check the boxes that apply. *Check Both for full Print*



SHIRT BACK

LEFT

RIGHT



RIGHT

LEFT

PANTS / SHORTS FRONT OR BACK

INK COLORS-BACK

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

NOTES: