t-shirt fever

480 COLLINS AVENUE, UNIT G, COLMA, CA 94014
650 . 991 . 4836 ph 650 . 756 . 6845 fax www.t-shirtfever.com

DATE: _____

CUSTOM ORDER FORM

DUE DATE: _____

BILL TO: _____ SHIP TO: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE: _____ ZIP: _____ CITY/STATE: _____ ZIP: _____

CUSTOMER P.O. #: _____ PHONE: _____ FAX: _____ E-MAIL: _____

CUSTOMER TAX EXEMPT #: _____ DESIGN NAME: _____

QUANTITY	GARMENT DESCRIPTION	ITEM #	COLOR	XS	S	M	L	XL	2XL	3XL	PRICE		EXTENSION	

SUB TOTAL		
SCREENS		
ARTWORK		
SHIPPING		
SALES TAX		
TOTAL		
DEPOSIT		
BALANCE DUE		

PRINT AREA:

- ☐ POCKET
- ☐ FULL CHEST
- ☐ BACK
- ☐ OTHER

SPECIAL INSTRUCTIONS:

INK COLORS:

ORDER DEPARTMENT: _____
ART DEPARTMENT: _____
CUSTOMER APPROVAL: _____
DATE COMPLETED: _____
INVOICE #: _____
CUSTOMER CHECK #: