JOB NAME		JOB NUMBER			
	CUSTOMER IN				
Customer	(Order Date _		Due Date	
Contact			PO	#	
Address/Street	City		State	Zip	
Phone	Mobile / Voicemail		Email		
	GARMENT DE	SCRIPTIO	٧		
Style number and/or Descript	ion				
Color(s) of Garment(s)					
YOUTH TEES	Please indicate the quantity ADULT				
SMALL (6-8)	SMALL	XL _		SMALL	
MEDIUM (10-12)	MEDIUM	XXL _		MEDIUM	
LARGE (14-16)	LARGE	XXXL _		LARGE	
Ink color(s) - Front Ink color(s) - Back Ink color(s) - Sleeve					
(mark	LOCATION location)		ARTWORK / DESIGN (check one)		
Notes FRONT / RIGHT SLEEVE	BACK / LEFT SLEEVE	Fluid will create and prepare artwork (must supply all info pertaining to art creation) Fluid has artwork on file already Customer will provide artwork* * Check our ARTWORK SPECIFICATION SHEET for specifications. Artwork may be submitted on hardcopy, disk, or sent in by email to: sales@fluiddsn.com			
Notes		This is what we base our quotes on, please make sure that all sections have been filled out correctly. This is the final description of your order. By signing below you agree that all information is correct to the best of your knowledge.			