



ORDER FORM

(FAX TO 940-891-4021)

DATE: _____

REP: _____

INITIAL ORDER RE-ORDER

SHIP TO: _____
 ATTN: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____

BILL TO: _____
 ATTN: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____

E-MAIL UPS TRACKING NUMBER TO: _____

METHOD OF PAYMENT

PREPAID CHECK OR CHECK BY PHONE (FREE SHIPPING)
(PAYMENT MUST BE RECEIVED PRIOR TO SHIP DATE)

CHECK WITH SCHOOL APPROVED PURCHASE ORDER (PLUS SHIPPING)
(PURCHASE ORDER MUST BE RECEIVED BEFORE PLACING ORDER)

PTA CHECK WITH CREDIT CARD GUARANTEE (PLUS SHIPPING)
(CREDIT CARD WILL BE BILLED IF PAYMENT IS NOW RECEIVED WITHIN 30 DAYS)

VISA MC AMEX EXPIRATION: _____

NAME ON CARD: _____

CARD # _____

BILLING ADDRESS: _____

APPROVED DESIGN: _____

T-SHIRT COLOR	YS	YM	YL	S	M	L	XL	XXL	XXXL	TOTAL

LONG SLEEVE T-SHIRT COLOR	YS	YM	YL	S	M	L	XL	XXL	XXXL	TOTAL

SWEATSHIRT COLOR	YS	YM	YL	S	M	L	XL	XXL	XXXL	TOTAL

HOODED SWEATSHIRT COLOR	YM	YL	S	M	L	XL	XXL	XXXL	TOTAL

ZIP HOODED SWEATSHIRT COLOR	YM	YL	S	M	L	XL	XXL	XXXL	TOTAL

TOTAL NUMBER OF GARMENTS ORDERED _____

ADDITIONAL NOTES: _____
