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# SUBLIMATION ORDER FORM CHECKLIST

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Customer#: \_\_\_\_\_  New Customer

Please check all appropriate boxes. Jobs cannot be processed without this form.

## CUSTOMER INFORMATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SHIPPING INFORMATION Same as Billing

Ship to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Attention: \_\_\_\_\_

## SHIPPING

**CHOOSE**  UPS  FedEx  Pick Up  
 Ground  3 Day Select

Account#: \_\_\_\_\_  
 2 Day AM / PM  Next Day AM / PM

## JOB DESCRIPTION

Style Code	Description	Color	S	M	L	XL	1XL	Total Qty	Print Num.

**ADDITIONAL INSTRUCTIONS**

## DIGITAL PRODUCTION

Style Number	Qty	Set up fee	Description

Price per sheet: \$ \_\_\_\_\_ Price per garment: \$ \_\_\_\_\_ Price per Transfer: \$ \_\_\_\_\_ Design Cost: \$ \_\_\_\_\_

## PAYMENT METHOD- TERMS: Full payment with order

Money Order  Cash

Name as it appears on card: \_\_\_\_\_ Name of business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Price: \$ \_\_\_\_\_ Shipping: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_