

Please Check	Order Form																										
<input type="radio"/> Full Embroidered <input type="radio"/> Partially Embroidered Backing: <input type="radio"/> Plastic Backing (No Extra Charge) <input type="radio"/> Iron-On Backing	Quantity	Description	Size																								
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Name</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Signature of Authorized Buyer</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Organization</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Address</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">City</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">State</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">()</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">()</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Phone</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Fax</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Need/Event Date</td> </tr> <tr> <td colspan="4" style="border-top: 1px solid black; border-bottom: 1px solid black;">E-Mail</td> </tr> </table>				Name		Title		Signature of Authorized Buyer		Organization		Address	City	State	Zip	()	()			Phone	Fax	Need/Event Date		E-Mail			
Name		Title																									
Signature of Authorized Buyer		Organization																									
Address	City	State	Zip																								
()	()																										
Phone	Fax	Need/Event Date																									
E-Mail																											

3 PAYMENT METHODS

Credit Card
(Visa, Mastercard)

Mailing Check

Purchase Order
From Authorized Vender

Please charge to my: Visa Mastercard Discover

--	--	--	--	--	--	--	--

Exp. month year

--	--	--

Card Verification Code