

DUFFLE BAG ORDER FORM



CUSTOMER INFORMATION

NAME: _____ EMAIL/PHONE: _____

ORDER _____ DUE _____

DATE: _____ DATE: _____

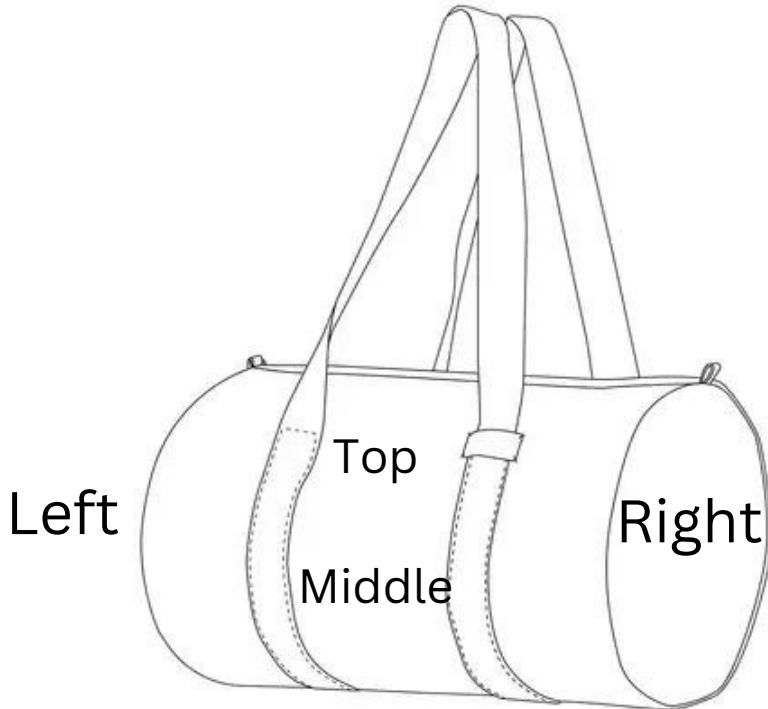
(212) 267-7070

nycsewing@aol.com

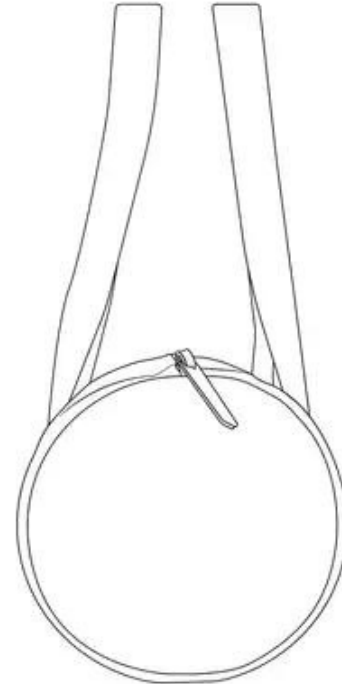
109 Lafayette St #302, New York, NY 10013

Duffle bag Qty: _____

*Please indicate left or right side



Front



Side

Embroider | Applique

Location: _____

Color: _____

Font: _____

Text: _____

Location: _____

Background Color: _____

Foreground Color: _____

Font: _____

Text: _____

Location: _____

Color: _____

Font: _____

Text: _____

Location: _____

Background Color: _____

Foreground Color: _____

Font: _____

Text: _____

Location: _____

Color: _____

Font: _____

Text: _____

Special Notes:

