

QUARTER ZIP ORDER FORM



CUSTOMER INFORMATION

NAME: _____ EMAIL/PHONE: _____

ORDER _____

DUE _____

DATE: _____

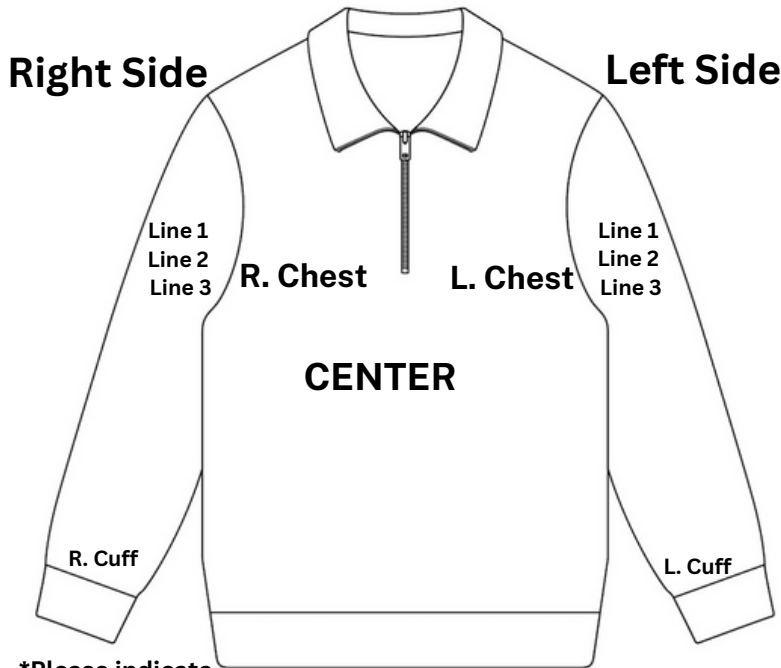
DATE: _____

(212) 267-7070

nycsewing@aol.com

109 Lafayette St #302, New York, NY 10013

Size:	Color:	Qty:
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*Please indicate
Left or Right Sleeve

Applique

Greek Letters: _____

Background Color: _____

Foreground Color: _____

Additional Add ons:

- State Location of placement
- Applique or Embroidery or BOTH
- Color of applique patches or threads

Embroider Text

Location: _____

Text: _____

Font: _____

Color: _____

Indicate all additional information:
