

# APPAREL ORDER FORM

(PLEASE COMPLETE FORM ACCURATELY & CLEARLY. FORM KEPT ON FILE FOR 30 DAYS. INSPECT PRODUCT IMMEDIATELY, REPORT PROBLEMS ASAP)

Order Date _____  Purchase Order # _____	<b>Send or FAX Orders To:</b> <b>Total Impressions • 5608 Princess Avenue • Virginia Beach, VA 23464</b> <b>Telefax: (757) 424-9837</b>
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<b>Bill To:</b> Name: _____  Address: _____ _____  City, State, Zip Code: _____ _____  Country (if outside USA): _____	<b>Ship To:</b> Name: _____  Address: _____ _____  City, State, Zip Code: _____ _____  Country (if outside USA): _____
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ITEM #	ITEM NAME	ITEM COLOR	SLK SCR/EMBRDY COLOR	SIZE	QTY	UNIT COST	TOTAL COST

Special Instructions: _____ _____ _____ _____	<b>Sub-Total:</b> _____  <b>S/H:</b> _____  <b>Sales Tax (5%):</b> _____  <b>Total Order Amount:</b> _____
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Imprint Instructions: \_\_\_\_\_

Does your logo require Digitizing for your embroidered apparel orders? **YES** \_\_\_ **NO** \_\_\_

<b>Event Date:</b> _____ <b>In Hands Date:</b> _____ <b>Art Enclosed:</b> _____  Actual Proof: _____ Paper Proof: _____  E-Mail Art to: artwork@totalimpressions.com	<b>CHECK ONE</b> <input type="checkbox"/> WEBSITE Quick Survey. Please choose one of the four options. From what source helped you find the item(s) that you are interested in ordering? <input type="checkbox"/> CATALOG <input type="checkbox"/> WEB SPECIALS <input type="checkbox"/> NEWSLETTER	<b>Billing Info:</b> Pre-Payment - Check / MO  Credit Card (circle): M/C ___ VISA ___ AMEX ___ Card Number: _____ Exp. Date: _____ AVS # (3 Digit / Back of Card) _____ Authorized Signature: _____  <small>IF YOU WISH TO PAY BY CHECK OR MONEY ORDER, PLEASE PRINT YOUR NAME AND PHONE NUMBER. WE WILL CALL YOU WITH A TOTAL SO THAT YOU MAY REMIT. ONCE PAYMENT IS RECEIVED, WE WILL PROCESS YOUR ORDER.</small>
<b>In Case of Problems, Your Contact Info:</b> Name: _____  Phone (w/ area code): _____  E-Mail: _____		