WORK ORDER FORM

Internal PO#	SALESPERSON

CUSTOMER INFORMATION

Name
Address 1
Address 2
City State Zip
Contact
Phone Fax
Email

SHIPPING INFORMATION

Name
Address 1
Address 2
City State Zip
Reference 1
Reference 2
Attention
Phone #
Ship Via

ORDER INFORMATION

Order Date
Order DUE Date
Purchase Order #
Order Type .

DESIGN INFORMATION

DESIGN NAME

1st Location		No. of Colors	
2nd Location		No. of Colors	
3rd Location		No. of Colors	
4th Location	PLEASE SPECIFY	No. of Colors	
5th Location	PLEASE SPECIFY	No. of Colors	

PRODUCT INFORMATION

QTY	GARMENT COLOR	GARMENT TYPE	GARMENT STYLE	XS	S	M	L	XL	XXL	XXXL	4XL	OTHER
0												
0												
0												
0												
0												
0												
0												
0												
0												
0												
0												

NOTES

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