	Ico	n Scre	ening	, Inc C	rder I	Form			
Please fill out all applicable							required info	rmation.	
Customer Name:						CA Resale # (optional)			
Address:					1				
Contact Name:					1				
Phone Number:									
Email Address:							This is a nev	w order:	
Fax Number:					This is a repeat order				
Garment Color:]				
			Print Ir	mpression D	etails etails	Ī			
Location Description		Number of colors (if Known)		Ink Type (optional)		Specialty Ink, Treatment, Foil (optional)			Heat Press
Front									
Back									
Addt'l Location 1									
Addt'l Location 2									
Addt'l Location 3									
			Garment C	Quantity Per	Size]			
GARMENT TYPE	XSMALL	SMALL	MEDIUM	LARGE	XLARGE	2XLARGE	3XLARGE	OTHER	TOTAL
(Example) T- Shirt	10	30	100	100	100	50			390
		<u> </u>				<u> </u>			<u> </u>
			Optiona	ıl Garment I	nfo	<u> </u>			
GARMENT STYLE NUMBER:					GARMENT I	GARMENT MANUFACTURER:			
FABRIC CONTENT:			WASHING						
THREAD COUNT:					OTHER:				
(Bulk fold is de	efault. No addt'l c	charge)	Finis	hing Option	ns]			
Bulk fold (by dozen)			Price Ticket		Size Strip				
Individual Fold			Hang Tag		Pick n Pack				
Individual Bag			Size Sticker		Distribution]
Notes and Special Inst	ructions:								
			-						

^{*} Your order will not be processed until this form is completed and returned to Icon Screening. Icon Screening, Inc - (714)-630-4266 - www.iconscreening.com - 1108 W. Grove Ave Orange CA 92865