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SP

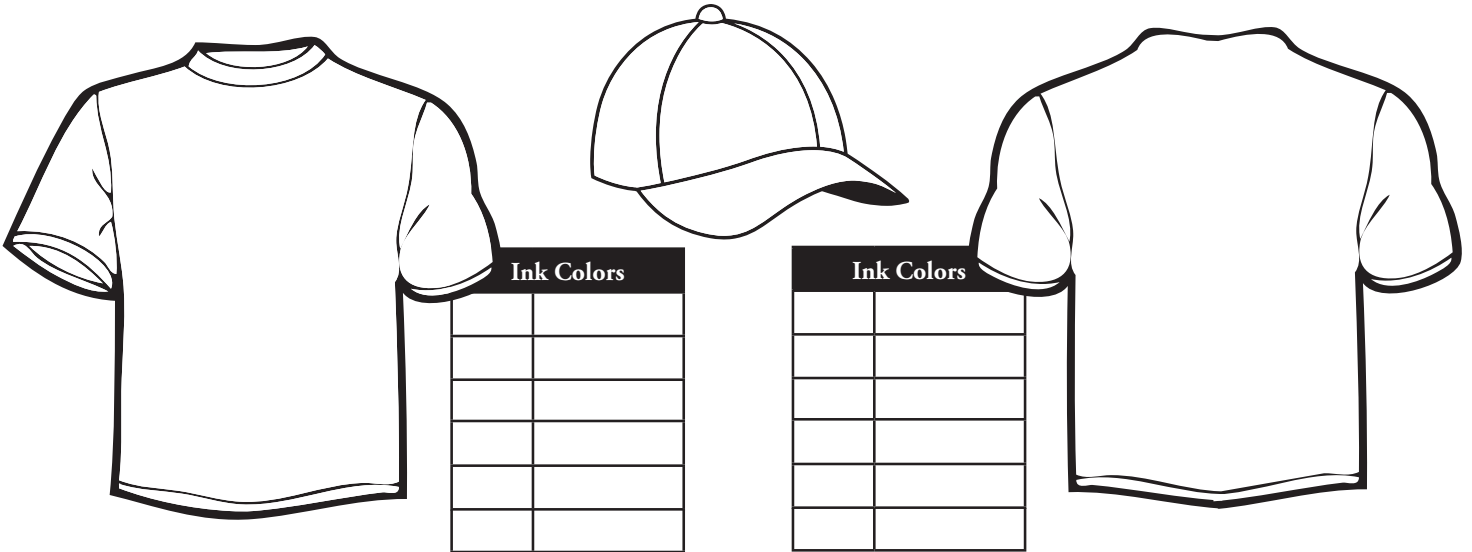
EMB

DGT

HT

Contact Information	
Name:	
Phone #	
E-mail:	
Address:	
City ST Zip:	

General Information	
Order Date:	
Due Date:	
Event:	
Budget:	
Art Info:	



Ink Colors	

Ink Colors	

Summary										
QTY	Style #	Color	Size						Unit Price	Total Price
			S	M	L	XL	2XL	3XL		

Notes

Sub Total	
Sales Tax	
Grand Total	

By signing you agree and understand the artwork, supplied product, and True Color's policies & procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_