

Customer Order Form

Customer Details

DATE OF ORDER: _____

Name _____

Address _____

E-Mail _____

Phone _____

Can you phone receive texts? ___ YES ___ NO

Can you receive text images (for proofs)? ___ YES ___ NO

**Do you have a specific date when order is needed? _____

I am looking for: (Check all that apply)

Shirts

Socks ___ ankle ___ Knee ___ Tall

Mugs ___ 11 oz ___ 15 oz

Tumblers (Hot) ___ 16 oz ___ 20 oz

Metal Mugs (12 oz)

Sweaters

Hats

Tumblers (Cold) ___ 16 oz ___ 20 oz

Can Coolers ___ Regular ___ Skinny

OTHER – list below in details

Order Details

List what you are looking to have made.

Shipping /Delivery Details

Shipping Method Pick-up ___ Delivery/Shipping ___

Address for shipping (if different from above)

Address: _____

City _____

Postal Code _____