



Work Order Form

111 Welch Avenue
Ames, IA 50014
515-686-0190
www.indyvs.com

DUE DATE:

TODAY'S DATE:

P.O. #:

Pick Up Ship

BILLING INFORMATION

Name: _____
Company: _____
Phone: _____
E-mail: _____

IMPORTANT: We ship orders only to billing addresses.
Billing address must match the credit card used to place the order.

Billing Address: _____
Address 2: _____ City: _____
State: _____ Zip Code: _____

GARMENT BRAND & STYLE	COLOR	XXS	XS	S	M	L	XL	2XL	3XL	TOTAL
TOTAL COUNT										

ARTWORK INFO

Reorder New

Artwork Name: _____

Are you supplying the shirts? Yes No

Is your artwork to size? Yes No

CUSTOM PRINTED SIZE LABEL

Yes No **EXAMPLE: S, M, L, XL, 2XL printed on the inside neck.**

Ink Color: _____

***Note:** All Label size prints are printed without an underbase.

INK TECHNIQUES

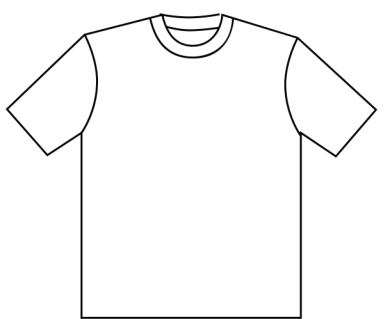
Plastisol Metallic

Vintage Foil _____

Water Base Discharge

Other _____ Puff

Front Print

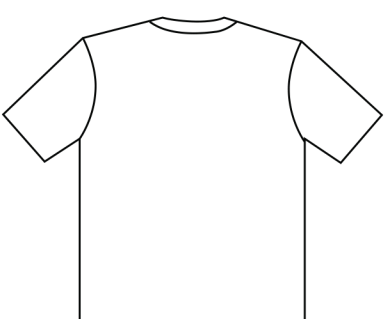


INK COLORS-FRONT

1.
2.
3.
4.
5.
6.

NOTES:

Back Print



INK COLORS-BACK

1.
2.
3.
4.
5.
6.

NOTES: