

PFI Fashions, Inc.

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SCREEN NAME: _____

DATE IN: ___/___/___ DATE OUT: ___/___/___ REORDER? YES OR NO

*Date needed if earlier than two weeks: _____

BILL TO: _____

SHIP TO or PICK UP

PHONE #: (____) _____

FAX #: (____) _____

PO #: _____

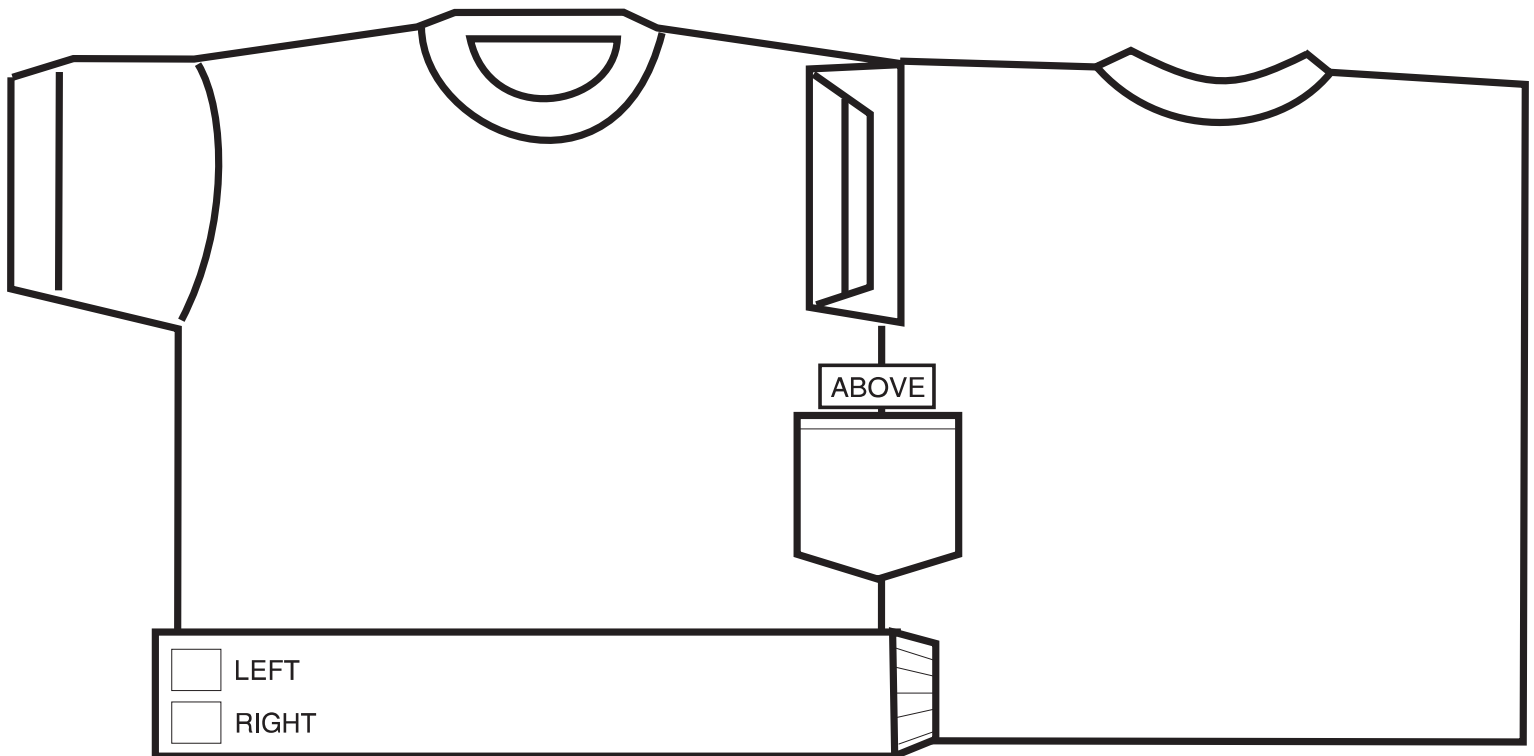
PROOF NEEDED YES OR NO

Sales Rep: _____

Circle One: Screenprint - Embroidery - Promo Product - CAD/Transfer

FRONT

BACK



INK/THREAD COLOR _____

INK/THREAD COLOR _____

