

SIGN-O-MATICS

Purchase Order Form

PO #

1845 Redondo Ave., Signal Hill, CA 90755 Tel. 562.986.9794
Email info@gotosign.com www.gotosign.com

Client: _____ Date: _____ Date Due: _____

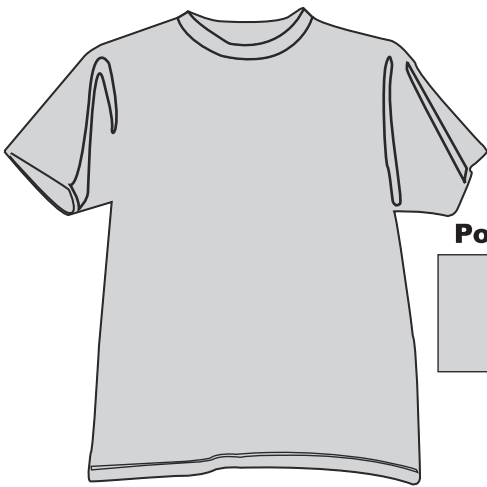
Contact Person: _____ Email: _____

Job Name: _____ Telephone: _____ Fax: _____

Address: _____ City/State/Zip _____

Embroidery

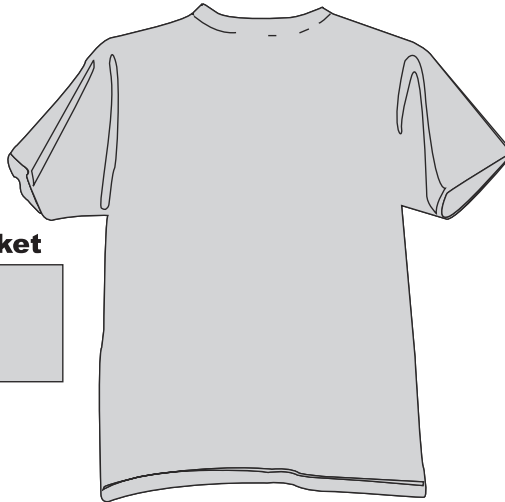
Silk Screen



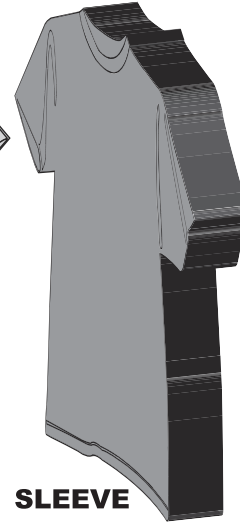
Poket



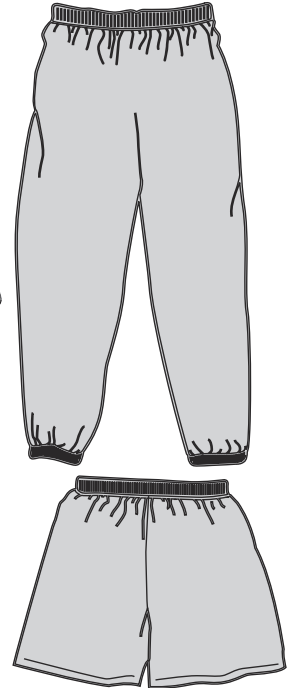
FRONT



BACK



SLEEVE



Numbers: _____

Numbers: _____

FRONT COLORS

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

4 color process

BACK COLORS

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

4 color process

OTHER COLORS

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

4 color process

GARMENT TYPE & SIZES

Garment Type: _____

Garment Color: _____

YXS _____ YS: _____

YM: _____ YL: _____ YXL: _____

Total:

SM: _____

MED: _____

LG: _____

XLG: _____

XXLG: _____

3XLG: _____

Total:

SHIPPING

PICK UP

Residential:

Commercial:

SEE ATTACHED SHIPPING REQUEST FORM:

FORM AS DOWNLOADABLE PDF w/ PURCHASE ORDER

Same as Billing

Special Instruction: _____

