Garment Order Form



1055 N.W 1ST CT · HALLANDALE, FL 33009 · P 954-456-1697 · F 954-456-1698

Bill To:							Ship To:								
Address:							Address:								
City: State: Zip:						City: State: Zip:									
Date	Order#	ler# P.O. #		ip Via		Start Date Com			mp. D	ate	Те	erms	Emp		
Style	Description	n Color		S		L	XL	1X	L	2XL	3XL	Qty.	y. Price	Amount	
									+						
									+						
									1						
									+						
									1						
									$\frac{1}{1}$						
									$\frac{1}{2}$						
	BUYERS SIGNATUREFAX														