



Art Request Form



Date Submitted: / /

**FAX TO:
678.559.0307**

Contact Name: _____

Company Name: _____

Email Address: _____

Product Description: _____

Color of Product: _____

Imprint Product:

Front:

Ink Color(s) _____ Placement: Full Left Chest Right Chest

Back:

Ink Color _____ Placement: Full Other

Sleeve:

Ink Color _____ Placement: Left Right

Design (additional pages maybe attached if needed):

FRONT

BACK or SLEEVE

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