



Art Request Form



**FAX TO:
678.868.1666**

Date Submitted: / /

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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