



WORK ORDER FORM
 BAY 21 510 CIRCLE DRIVE EAST
 306-986-5978
 WWW.STRENGTHSCREENPRINTING.COM

DUE DATE:

TODAY'S DATE:

P.O. #:

Pick Up Ship

BILLING INFORMATION

Name: _____
 Company: _____
 Phone: _____
 E-mail: _____

IMPORTANT: We ship orders to billing addresses.
 Billing address must match the credit card used to place the order.

Billing Address: _____

Address 2: _____ City: _____

Province: _____ Postal code: _____

GARMENT BRAND & STYLE # COLOR XXS XS S M L XL 2XL 3XL TOTAL

GARMENT BRAND & STYLE #	COLOR	XXS	XS	S	M	L	XL	2XL	3XL	TOTAL

TOTAL COUNT

ARTWORK INFO

Reorder New
 Artwork Name: _____
 Are you supplying the shirts? Yes No
 Is your artwork to size? Yes No

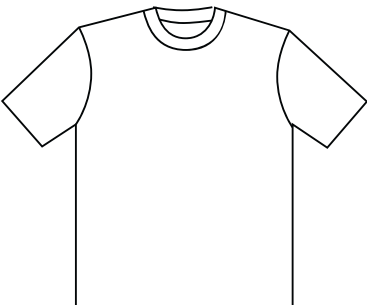
SIZE LABEL PRINT

Yes No *Note: All label size prints are printed with soft hand plastisol.
 Ink Color: _____
 Auto Manual

INK TECHNIQUES

Plastisol Metallic
 Vintage Discharge
 Puff
 Other _____

Front Print

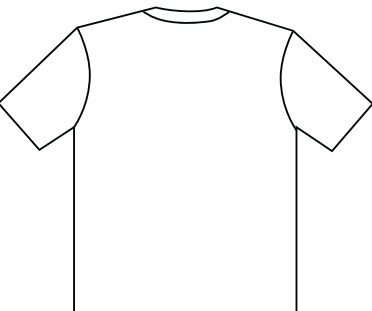


INK COLORS-FRONT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NOTES:

Back Print



INK COLORS-BACK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NOTES: