



Screen-printing Order Form

P#:	Reorder#
Expected Ship Date:	
In Hands Date:	

PO#		Notes:
Name of Order		
Customer Name		
Customer Address		
Contact Name		
Phone#		
Email		

Rush Order?	1 Day Rush: <input type="checkbox"/>	2 Day Rush: <input type="checkbox"/>	3 Day Rush: <input type="checkbox"/>	Payment Info:	Credit Card <input type="checkbox"/>	Terms <input type="checkbox"/>
**Credit Card Orders incur an additional 3% Convenience Fee						

Finishing Options:	<input type="checkbox"/> Hang Tag	<input type="checkbox"/> Remove Tag – Resew	<input type="checkbox"/> Fold Only
	<input type="checkbox"/> Heat Transfer Tags	<input type="checkbox"/> Remove Tag – Relabel	<input type="checkbox"/> Fold & Bag
	<input type="checkbox"/> Other		<input type="checkbox"/> Fold, Bag & Sticker

Production Notes	
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Placement: <i>Ex, Front</i> <i>Center with size of design</i>					
Design Details: <i>Ex, Pantone colors</i> <input type="checkbox"/> Underbase?					

STYLE	COLOR	ADULT/YOUTH QUANTITY										
		XS	S	M	L	XL	2X	3X	4X	5X	6X	Total
Totals												
Garment Supplier Details:		<input type="checkbox"/> All 5B's Stock <input type="checkbox"/> All Customer Supplied Goods <input type="checkbox"/> Partial										

Special Art Notes:

Art Approval Date: _____ **Pick Ticket#** _____ **Goods Received Date:** _____

**Please note production time is scheduled after we have received all goods and approvals. We do our best to meet in hand's date, so if you have a firm date please make us aware by filling in the box provided. PO Form effective 1/1/2022 & subject to change. All former PO Forms provided by 5B's are Null & Void upon this effective date.

Pickup and Delivery Details

<input type="checkbox"/> Delivery	<input type="checkbox"/> Scheduled Pick-up	Additional Shipping Notes <i>(if Applicable)</i> :
Company/Organization:		
Contact Name:		
Delivery Address:		
Delivery Email:		
Delivery Phone #:		

If Delivery, please select from the following Options: *(If information is not provided, we will default to 5B's FedEx account via ground)*

Shipper Account #:						
UPS:	<input type="checkbox"/> Freight	<input type="checkbox"/> Ground	<input type="checkbox"/> 3-Day Select	<input type="checkbox"/> 2-Day AM	Next Day Air <i>(Select One)</i>	<input type="checkbox"/> Next Day Early <input type="checkbox"/> Next Day Air <input type="checkbox"/> Next Day Saver
FedEx:	<input type="checkbox"/> Freight	<input type="checkbox"/> Ground	<input type="checkbox"/> 3-Day Express Saver	<input type="checkbox"/> 2-Day	Overnight <i>(Select One)</i>	<input type="checkbox"/> First Overnight <input type="checkbox"/> Priority Overnight <input type="checkbox"/> Standard Overnight

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