

Trimark Order # _____
(FOR OFFICE USE ONLY)

CUSTOMER / ORDER DETAILS

Customer Name _____ Account # _____

Contact Name _____ Contact Phone # _____

Customer PO# _____ Contact Email _____

Order Date _____ In Hand Date _____

ART DEPARTMENT

Decoration Method: Embroidery Deboss Emboss

Solution Twill

Other _____

New or Repeat Art Ref # _____

Location: Left Chest Right Chest

Right Sleeve Left Sleeve

Back Yoke

Other _____

Logo Colours: Trimark to select
OR

Custom Colours

↳ **Custom Categories**

Tone-On-Tone

Contrast

Custom

Repeat

Proof (for internal use only)

Size: _____
Height _____ Width _____

ART APPROVAL / PROOF REQUEST

Artwork Sent: Yes No

Proof Needed? : Yes No

Event Yes No Date _____

Polybagging: Yes No

Other Requirements: _____

CUSTOMER APPROVAL

Please Check One Circle:

Approved!

Please proceed with my order!

Not Approved

Reason: _____

Signature: _____

Name: _____

Today's Date: _____