



promotional graphics

CUSTOM ARTWORK REQUEST

216 Park Road
West Hartford, CT 06119

860-656-7013

FAX: 860-735-6104

Name: _____ Date: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Be as accurate & specific as possible when describing your layout idea.

ART PROOF Check One: Black +White Color (\$10 extra) | Send Proof Via: Email FAX

LOCATION TO BE PRINTED: Full Front Full Back Left Chest Right Chest Sleeve Cap (along hem)

Sleeve Length Leg Print Hip Print Other (please specify)

INK Color(s): _____

FONT Choice(s): _____ *Be specific about sizes of lettering.*

Item Description/Garment Information:

Type of Garment _____ Sizes: Youth Adult

Color of Garment _____

Special Notes:

Let us know about any seams, trims, pockets or color blocking, etc., we need to be aware of in production, so the art can be designed to accommodate these features. Omitting this information can lead to additional charges and/or delays in production.

CUSTOMER SIGNATURE: _____