

# Silk Screening Order Form

Bill To:  
 Customer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Ship To:  
 Customer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Qty	Item	Color	Sm	Md	Lg	XL

Gold Foil \_\_\_\_\_ Silver Foil \_\_\_\_\_ Black Ink \_\_\_\_\_ White Ink \_\_\_\_\_ Custom Ink \_\_\_\_\_

Art Work (One Time Set Up Fee)	\$ 30.00	_____
Ink Set Up Fee	\$ 20.00	_____
Silk Screening per Item (White & Black Ink)	\$ 7.50	_____
Quantity _____ x \$ 7.50 per Item		_____
Silk Screening per Item (Gold Foil, Silver Foil)	\$ 9.50	_____
Quantity _____ x \$ 9.50 per Item		_____
Total		_____

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**Credit Card Information:**

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature of Card Holder \_\_\_\_\_

**Address Of Card Holder if different Than Ship To:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Place Business Card Or Art Work here:

**ROBINHOODS**

**Phone 805-237-1630**

**Fax 805-239-4894**