

Order Form



2026 SASTRE AVENUE
S. EL MONTE, CA 91733
Phn: 626-454-1766
Fax: 626-454-1753

1 New Order Re-Order

Refer to Invoice # _____

Previous Invoice Date _____

2 BILL TO:

ACCT # _____ Type _____

Company _____

Address _____

City _____ State _____ Zip _____

Tel _____

Fax _____

E-mail _____

PO# _____ Ordered By _____

3 SHIP TO: Check if same as billing

Company _____

Attn _____

Address _____

City _____ State _____ Zip _____

Ship Via UPS Other: _____

4 N/30 Cash Deposit \$ _____

COD Tax Re-sale Visa M/C

Credit Card # _____

Exp _____

Cardholder Name _____

Sales Rep _____ Territory _____

Code _____ / _____ %

Cap Details

5	Style #	\$	ea
	Front		
	Side/Back		
	Visor		
	Undervisor		
	Button		
	Eyelets		
	LABEL (circle one):	CCC Private	USA Brand Cust Supply
	PRILB#	\$	
	Opt. #1	\$	
	Opt. #2	\$	
	Opt. #3	\$	
	Opt. #4	\$	
	Embroid/Back 1/2	\$	
	Embroid/Back 4/5	\$	
	Embroid/Side 3	\$	
	Embroid/Side 6	\$	
	Embroid/Visor	\$	
	Back Strap Embroid	\$	
	Royalty %	\$	
	ART: \$	UNIT COST: \$	
	EMBROIDERY DISK: \$		

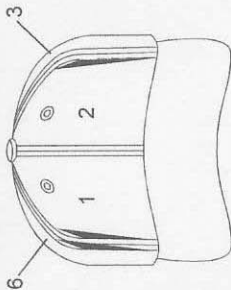
Size/Quantity Breakdown

6	6 1/2	7 5/8	CHILD
	6 5/8	7 3/4	YOUTH
	6 3/4	7 7/8	S/M
	6 7/8	8	M/L
	7	8 1/8	L/XL
	7 1/8	8 1/4	S
	7 1/4	8 3/8	M
	7 3/8	8 1/2	L
	7 1/2	BABY	XL

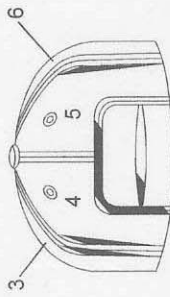
Total Quantity: _____

Embroidery Details

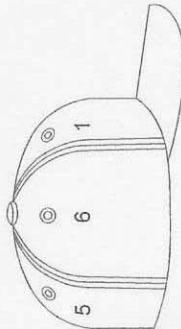
Instructions



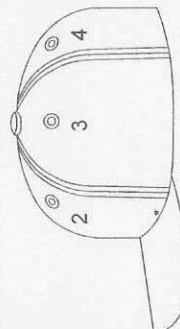
Disk # _____



Disk # _____



Disk # _____



Disk # _____

SALESMAN	Fax Art Proof	Email Art Proof*	Send Switch	Email Switch*	Fax Confirmation	Wave Sight	Return Customers...
CUSTOMER							

*Send Email to: _____

Date _____ Work Order # _____ PAGE /

Due Date _____ Cancel