

# T shirt Order Form

Name :

Order Date :

Address :

Email :

New Customer : Yes No

Phone:

Delivery Method :

Pick Up  Drop Off  Ship

Front

Back



Order Details :

Pocket :



Full Sleeve :



Half Sleeve :



Size :  XS  S  M  L  XL  XXL  XXXL

Payment Option :  Online  Cash

Date shipped :

Tracking :

Date :

Subtotal :

Shipping :

Tax:

Discount :

Total:

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T Shirt Color	xs	S	M	L	XL	XXL	QTY

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Date :	Tax:
	Discount :
	Total:

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