truWest.com

Email to: tw@truwest.com

Phone (800) 322-3669 Fax (714) 891-0551

BILL TO

SHIP TO

CUSTOMER #: 0042189

PHONE #: _____ **FAX #:** _____

TEAM NAME OR HOW YOU WILL REFER TO THIS ORDER WHEN FOLLOWING UP: _____

REQUIRED IN HAND DATE: _____ **ORDER DATE:** _____

REPEAT ARTWORK SPECIFICATIONS FOR INVOICE #:

P.O. #:

SPECIAL SHIPPING / DELIVERY OPTIONS

UPS ☐ **DROP SHIP** ☐ **GROUND** ☐ **BLUE (2 Day)** ☐ **ORANGE (3 Day)** ☐ **RED (NEXT DAY)** ☐ **FED X** ☐

SWIM CAP SPECIFICATIONS

QUANTITY	CAP COLOR	INK COLOR 1	INK COLOR 2	INK COLOR 3	INK COLOR 4

NEW COPY ☐
EXACT RE-ORDER ☐
CHANGE COPY ☐
CHANGE CAP ☐
CHANGE INK ☐
OTHER ☐

LATEX	SILICONE
☐ GENERIC	☐
☐ SPEEDO	☐
☐ TYR	☐
☐ OTHER	☐

SPECIAL INSTRUCTIONS:

truWest Artwork Filename: