

PICKUP DATE: <input type="checkbox"/>	SHIP DATE: <input type="checkbox"/>	___/___/___	JOB TITLE:	PO#:
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( Billing )Parent Company Name:	( DBA )Affiliate Company Name:
Contact Name:	Contact Name:
Mailing Address:	Mailing Address:
City State: Zip:	City State: Zip:
Phone 1:( ) Phone 2:( )	Phone 1:( ) Phone 2:( )
Email Invoice To (1):	Email Art Approval To:
Email Invoice To (2):	Email Tracking To (1):
	Email Tracking To (2):

New Job: <input type="checkbox"/>	Reorder Job: <input type="checkbox"/>	Previous INV #:	Previous Art #:	( Can Be Found on Previous Invoice or Art Layout )
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<b>Location 1:</b>				
Color Critical: Yes <input type="checkbox"/> No <input type="checkbox"/>	Design Width: _____	Design Height: _____	Underbase / Flash as Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
----- Fabric Colors: -----				
Base Ink Colors:	<b>Colors Changes Only ( if Any )</b>			
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				

<b>Location 2:</b>				
Color Critical: Yes <input type="checkbox"/> No <input type="checkbox"/>	Design Width: _____	Design Height: _____	Underbase / Flash as Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
----- Fabric Colors: -----				
Base Ink Colors:	<b>Colors Changes Only ( if Any )</b>			
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				

<b>Location 3:</b>				
Color Critical: Yes <input type="checkbox"/> No <input type="checkbox"/>	Design Width: _____	Design Height: _____	Underbase / Flash as Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
----- Fabric Colors: -----				
Base Ink Colors:	<b>Colors Changes Only ( if Any )</b>			
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				

<b>Location 4:</b>				
Color Critical: Yes <input type="checkbox"/> No <input type="checkbox"/>	Design Width: _____	Design Height: _____	Underbase / Flash as Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
----- Fabric Colors: -----				
Base Ink Colors:	<b>Colors Changes Only ( if Any )</b>			
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				

<b>Special Instructions:</b>

**THERE IS ( ) INDIVIDUAL DROP SHIPMENT(S) ATTACHED FOR THIS JOB.**

<b>All City Apparel Co.</b>	T: 954.989.6561	F: 954.989.6970	E: jobs@allcityapparel.com	W: allcityapparel.com
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By submitting this order to All City Apparel Co. you acknowledge you have read, understood, and agree to All City Apparel's Terms and Conditions.



	JOB TITLE:	PO#:
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**PLEASE FILL OUT A SEPARATE SHIPPING REQUEST FOR EACH DROP SHIPMENT**

DROP SHIP#: _____
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<b>BLIND SHIP TO:</b>	
Company Name :	
Attention Name :	
Street Address :	
Suite :	
City :	
State :	
Zip / Postal Code :	
Country :	

<b>SHIP METHOD: UPS</b>						
Residential : <input type="checkbox"/>	Commercial : <input type="checkbox"/>					
Insurance: We do not add insurance unless requested in a dollar amount	Insurance Amount Per Box , Please enter a dollar Amount : \$					
Ship Via - All City Apparel's UPS #: <input type="checkbox"/>						
Ship Via - 3rd Party : <input type="checkbox"/>	3rd Party UPS #: _____					
	3rd Party UPS Account Billing Zip / Postal Code: _____					
<b>Ground</b>	<b>3 Day Select</b>	<b>Next Day Air Early AM</b>	<b>Next Day Air</b>	<b>Next Day Air Saver</b>	<b>2nd Day AirEarly AM</b>	<b>2nd Day Air</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Special Shipping Instructions And Contents of This Individual Shipment If Job Has Multiple Split Shipments :</b>

JOB TITLE:

PO#:

**FOR ALL CITY APPAREL USE ONLY  
DO NOT FILL IN**

CLIENT NAME		
JOB TITLE		
PO#		
TOTAL PCS	PU DATE	SHIP DATE
L1	L2	
L3	L4	
MACHINE #	SERVICE	