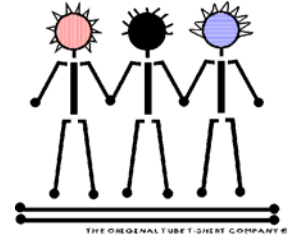


To: The Original Tube T-shirt Company, LLC

Fax: 845-291-7032

Re: CUSTOM EMBROIDERY REQUEST



Name: _____
Company: _____
Phone: _____ Fax: _____
Street Address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____

Item	Quantity	Desired delivery date:
<input type="checkbox"/> t-shirt	_____	_____
<input type="checkbox"/> sweatshirt	_____	
<input type="checkbox"/> polo	_____	
<input type="checkbox"/> apron	_____	
<input type="checkbox"/> fleece	_____	
<input type="checkbox"/> hat	_____	
<input type="checkbox"/> other	_____	

Location of embroidery:

- Front
- Back
- Left sleeve
- Right sleeve
- Personalization
- Other

A formal proposal will be submitted for your consideration upon receipt of this fax.

Describe the layout or fax the design image with this inquiry:
