



"Our Business is Promoting Your Business"  
Promotional Garments & Products

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## BANNER HEALTH GARMENT ORDER FORM

**BILL TO:**

FACILITY NAME \_\_\_\_\_  
DEPT \_\_\_\_\_  
BUYER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**SHIP TO:** (if different from "BILL TO")

FACILITY NAME \_\_\_\_\_  
ATTENTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

Normal Production  **RUSH**  Date Needed by \_\_\_\_\_

**METHOD OF SHIPMENT**

Standard  3 Day  2 Day  Overnight  Courier

**METHOD OF PAYMENT**

Purchase Order # \_\_\_\_\_  
Corporate Card # \_\_\_\_\_ Exp \_\_\_\_\_  
Name on Card \_\_\_\_\_

ITEM #	QUANTITY & SIZE						DESCRIPTION	ITEM COLOR	IMPRINT COLOR	PRICE	CATALOG/ PAGE #
	S	M	L	XL	2X	3X					

**EMBROIDERY**  **SCREENPRINT**

**LOCATION OF IMPRINT**  Full Front  Left Chest  Right Chest  Left Sleeve  Right Sleeve  Full Back

**IMPRINTING INFORMATION**