FLEET BUSINESS PRODUCTS, INC.
Printing & Marketing Specialists

CUSTOM APPAREL ORDER FORM

Toll Free 800-847-1935
Local 860-289-3848
Fax 860-289-8361
www.fleetbp.com

Date Ordered: _____

Date Order Needed: _____

MAIL TO: P.O. Box 380030 East Hartford, CT 06138-0030

E-MAIL TO: art@fleetbp.com **FAX TO:** 860-289-8361

BILLING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

E-mail Address: _____

SHIPPING ADDRESS: (If different from Billing Address)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FORM OF DELIVERY:

☐ DROP-OFF
(Local Areas Only)

☐ SHIP*
*Additional shipping cost based on weight.

☐ SHIP 3rd PARTY*
*Please Provide Shipper #

_____

METHOD OF PAYMENT:

☐ **CREDIT/DEBIT** *

☐ VISA ☐ MasterCard ☐ DISCOVER NETWORK ☐ AMERICAN EXPRESS

ACCOUNT NUMBER

M M Y R
EXPIRATION DATE

CVV

BILLING ZIP CODE

☐ **PRE-PAY BY CHECK**
MAILED TO PO BOX ADDRESS ABOVE.

☐ **PAY WITH TERMS**
EXISTING CUSTOMERS ONLY

CUSTOM APPAREL ORDER:

FLEET BUSINESS PRODUCTS, INC.
Printing & Marketing Specialists
fleetpb.com

Item #	Description	Color	Sizes & Quantity							Line Qty
			S	M	L	XL	2X	3X	4X	

**Confirm Pricing with Your Sales rep before placing order.*

TOTAL QUANTITY:	

DESIGN:

☐ Already designed & electronically created by customer.

Please provide true to size artwork in the following file types: ai, psd, eps, or pdf

☐ Needs to be created by Fleet.

We Offer FREE design service for your convenience. (UP to 2 hours of art time)

Design Description: _____

_____

_____

_____

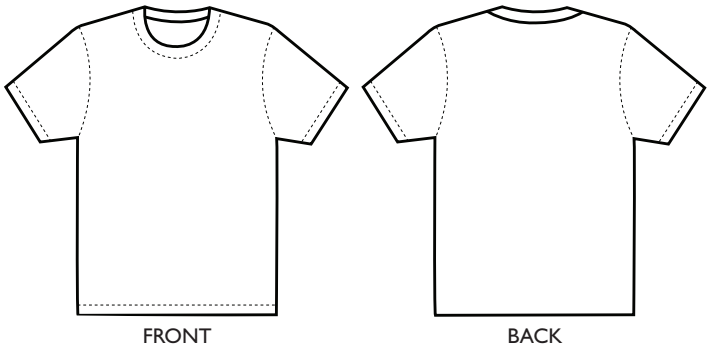
_____

Decoration Method:

☐ Silk Screen

☐ Embroidery

☐ Heat Transfer



 # OF COLORS:

Front _____ Back _____

Sleeve _____

DESIGN PLACEMENT:

Front Back

Front & Back Sleeve