



PURCHASE ORDER

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☐ SCREEN PRINT ☐ EMBROIDERY ☐ PRINTING / PROMO PRODUCTS ☐ HEAT TRANSFER / VINYL

Company: _____ Street: _____
Contact: _____
Phone: _____ City: _____
Alt Phone: _____ State: _____
Fax: _____ Zip: _____
Email: _____

Job Name: _____ PO#: _____ Date: _____ Deadline: _____

☐ RUSH ☐ Reorder ☐ Retail / ☐ Broker ☐ Artwork Required ☐ Artwork Provided

DESCRIPTION	QTY	ITEM COLOR	IMPRINT COLOR	UNIT PRICE	TOTAL

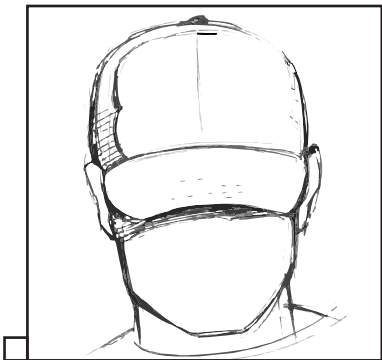
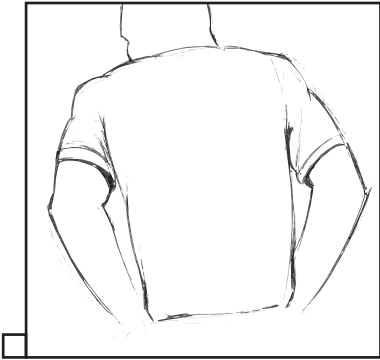
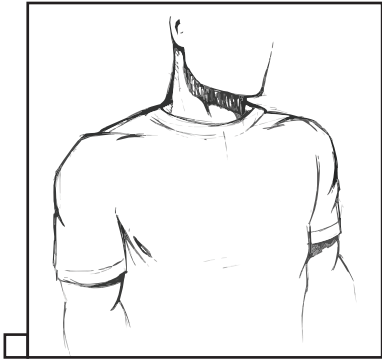
Quoted By: _____ Date: _____

**Quote is good for 30 days from this date.*

Notes:

SUBTOTAL
TAX
SHIPPING
TOTAL
DEPOSIT REQ.

PRINT LOCATION & INFORMATION



LOCATION A.	LOCATION B.	LOCATION C.	LOCATION D.
<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT CHEST <input type="checkbox"/> CENTER <input type="checkbox"/> RT.SLEEVE <input type="checkbox"/> LT.SLEEVE <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT CHEST <input type="checkbox"/> CENTER <input type="checkbox"/> RT.SLEEVE <input type="checkbox"/> LT.SLEEVE <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT CHEST <input type="checkbox"/> CENTER <input type="checkbox"/> RT.SLEEVE <input type="checkbox"/> LT.SLEEVE <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT CHEST <input type="checkbox"/> CENTER <input type="checkbox"/> RT.SLEEVE <input type="checkbox"/> LT.SLEEVE <input type="checkbox"/> OTHER
<input type="checkbox"/> CAPS FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT SIDE	<input type="checkbox"/> CAPS FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT SIDE	<input type="checkbox"/> CAPS FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT SIDE	<input type="checkbox"/> CAPS FRONT <input type="checkbox"/> BACK <input type="checkbox"/> LEFT CHEST <input type="checkbox"/> RIGHT SIDE
THREAD COLORS / INK COLORS	THREAD COLORS / INK COLORS	THREAD COLORS / INK COLORS	THREAD COLORS / INK COLORS
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____	9. _____	9. _____	9. _____
10. _____	10. _____	10. _____	10. _____

File Name: _____

Notes: