

Custom Shirts order form

Pioneer Drama Service, Inc.
Phone: (800) 333-7262 • Fax: (303) 779-4315
Website: www.pioneerdrama.com • Email: theatreshirts@pioneerdrama.com

Customer Information - Your Name: _____ Use the same address for billing and shipping

Bill To: _____ (organization's name) Ship To:* _____
Address: _____ Street Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____
Fax: _____ Email: _____

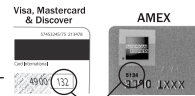
*Sorry, but we only ship shirts to U.S. addresses.

Payment Information - We can only bill organizations at commercial addresses or PO boxes. All others must pre-pay.

Check Enclosed (pay with one check only) Bill Organization Purchase Order #: _____ (if required)

VISA MasterCard Discover American Express

Name on Card: _____
Card Number: _____ Exp. Date: _____ Verification Code: _____



Indicate your ink color. Circle the type of shirt and write in the quantity of each shirt size needed. Choose up to two shirt colors. Please circle adult or youth size when listing sizes. If you do not indicate either, we will send adult sizes.

Minimum order is 10 shirts. (SST=short-sleeve t-shirt, LST=long-sleeve t-shirt, SW=sweatshirt)

Ink Color: _____

Type of Shirt (circle)			Shirt Color	Adult or Youth* (circle)		S	M	L	XL	XXL	Total Quantity	Unit Price	Total Cost
SST	LST	SW		A	Y								
SST	LST	SW		A	Y								
SST	LST	SW		A	Y								
SST	LST	SW		A	Y								
SST	LST	SW		A	Y								

Office Use Only

Adjustments \$ _____
Discounts \$ _____
Adjusted Total \$ _____

*Youth sizes available in S, M and L only.

Cast List on Back: \$ _____ (\$2/shirt + \$50 set-up fee)

Rush Shipping: \$ _____ (\$2/shirt)

TOTAL PRICE: \$ _____

Please fill in play or musical title below.

If you also want the name of your organization and the dates of production included on your shirts, please PRINT the information EXACTLY as you want it to read, including upper and lower case and punctuation.

Organization: _____ presents

Play Title: _____

Production Date: _____

OFFICE USE	Ship Date: _____ Customer Needs By: _____	Order Date: _____	PAID STAMP
	Shipping: <input type="checkbox"/> Regular <input type="checkbox"/> Blue Label (2 Day) <input type="checkbox"/> _____	Invoice #: _____	
	Play # _____ Sales Order # _____	Add'l to #: _____	
		Order Faxed: _____	