SHERWIN WILLIAMS ORDER FORM

ORDER DATE

DATE REQUIRED

impressions INK
1455 DEMING WAY #15
SPARKS, NV 89431
775 331-3568
E-MAIL IMPRESSIONSINK@CS.COM

DESIGN # **PHONE 800 390-3160** **FAX 800 454-5771**

COMPANY NAME		
CONTACT PERSON	PHONE	FAX
E-MAIL		
SHIP TO	MAILING ADDRESS	

PAYMENT METHOD ☐ COD ☐ VISA ☐ DISCOVER ☐ MASTER CARD ☐ AM. EX.

TERM (ON APPROVAL OF COMPLETED CREDIT APPLICATION)

P.O. #

CARD # EXP DATE

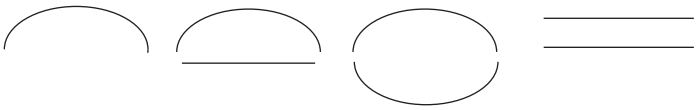
PRINT OPTIONS

- ☐ DESIGN ON THE BACK W/SHERWIN WILLIAMS LOGO FRONT LEFT CHEST
- ☐ DESIGN ON THE BACK W/YOUR COMPANY NAME FRONT LEFT CHEST
- ☐ DESIGN ON THE BACK W/YOUR COMPANY NAME FULL FRONT
- ☐ DESIGN ON THE FRONT W/YOUR COMPANY NAME FULL BACK
- ☐ DESIGN ON THE FRONT WITH NO BACK PRINT
- ☐ DESIGN ON THE BACK W/NO FRONT PRINT

PRINT COLOR FOR YOUR COMPANY NAME

LETTERING LAYOUT/SPECIAL INSTRUCTIONS
(REMEMBER TO INCLUDE ADDRESS, CITY, STATE, AND OR PHONE NUMBER IF YOU WANT THESE)

OTHER LAYOUT



12 PIECE MINIMUM WITH COMPANY NAME

ITEM #	DESCRIPTION	S	M	L	XL	2X	3X	PRICE	TOTAL
ADDITIONAL PRINT COLOR CHARGE									

SUB TOTAL

TAX (NV RES)

FREIGHT

TOTAL

DATE _____ SIGNATURE _____