

Classroom Faces® Order Form

We want the top of the shirt to say: (USE BLUE OR BLACK INK ONLY TO FILL OUT THIS PAGE)

The ink color we want for the wording at the top of the shirt is: _____

We are including (#) _____ drawings of which # _____ are children, and (#) _____ are staff.

The shirt color we want is WHITE

27 or less drawings: Minimum order is 15 shirts

We want FULL COLOR drawings

(Higher drawing counts have higher minimums.

(See website for samples)

See details for minimums on web site)

100% preshrunk, heavyweight cotton

PROMO CODE _____
(Limit of 1 Promo code per order)

YOUTH SIZES

ADULT SIZES

QTY	SIZE
_____	XS (2-4)
_____	S (6-8)
_____	M (10-12)
_____	L (14-16)
_____	XL (18-20)

QTY	SIZE
_____	S
_____	M
_____	L
_____	XL
_____	2X
_____	3X
_____	4X
_____	5X

# of paid Youth shirts	_____ x \$12	= _____
# of paid Adult shirts	_____ x \$12	= _____
# of paid 2X-5X Adult	_____ x \$15	= _____
Artwork Charge (if applicable): \$ _____		
Subtotal: \$ _____		

Additional Information:

Pricing is all-inclusive (artwork, setup, shirt, printing, & shipping.)

A \$35 artwork charge applies if your order does not have 15 or more paid shirts.

Tax: \$ _____

Total: \$ _____

7% tax is for Indiana orders without a tax exempt form.

Our total order of shirts ordered (including promo shirts) is: _____.

PAYMENT INFORMATION

Please make checks payable to A+ Images, Inc. (No parent checks)

_____ Check # _____ is included with this order for the amount of \$ _____

_____ Enclosed is our approved P.O. # _____

_____ I wish to pay with a CREDIT card. I understand an invoice will be emailed to me to pay online. No credit cards will be taken over the phone. I understand my order is on hold until I pay the invoice.

_____ I wish to pay with a DEBIT card. I understand a link will be emailed to me to pay online via Square Cash. No debit cards will be taken over the phone. I understand my order is on hold until I pay the invoice.

SHIP TO MY SCHOOL: (PLEASE PRINT)

Street (UPS) address please, NO PO BOX

School _____

Attn: _____

Street: _____

City _____

State _____ Zip _____

Phone # _____ Ext _____

Email: (required) _____

Fax: _____