

Classroom Faces® Re-order form

(USE BLUE OR BLACK INK ONLY TO FILL OUT THIS PAGE)

When was the original order placed? _____

(Please list "Spring" for Jan 1-June 30 or "Fall" for July 1-Dec 30, along with the year.)

School Name: _____

Teacher's Name: _____

Shirt Color: _____ Ink Color: _____ This form is good through 12/31/22.

NOTICE: All reorders under 12 shirts are printed digitally. Most ink colors will come close to matching the original screen print ink color. Metallic Silver, Metallic Gold, and Fluorescent Green inks cannot be reproduced digitally. Metallic Silver will be printed as grey, Metallic Gold will be printed as Vegas Gold, and Fluorescent Green will be printed as a bright Lime Green. Full color reprints will look identical, as they were printed digitally initially.

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

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

# of paid Youth shirts _____ x \$16	= _____
# of paid Adult shirts _____ x \$16	= _____
# of paid 2X-5X Adult _____ x \$19	= _____
<p>Additional Information: Pricing is all-inclusive (artwork, setup, shirt, printing, & shipping.)</p> <p>Need 12 or more extra shirts? It's cheaper to reorder a full set (15 or more). Please use a regular order form if this applies to you.</p>	
<p>Add \$5 per shirt for our new "Class of" shirts.</p>	
Subtotal: \$ _____	
Tax: \$ _____	
Total: \$ _____	
<p>7% tax is for Indiana orders without a tax exempt form.</p>	

Our total order of reordered is _____.

PAYMENT INFORMATION
<p>Please make checks payable to A+ Images, Inc. (No parent checks)</p> <p>_____ Check # _____ is included with this order for the amount of \$ _____</p> <p>_____ Enclosed is our approved P.O. # _____</p> <p>_____ I wish to pay with a credit or debit 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.</p>

SHIP TO: (PLEASE PRINT)
School: (optional) _____
Name: _____
Street: _____
City _____
State _____ Zip _____
Phone # _____ Ext _____
Email: _____
(E-mail addresses are used for order issues and tracking numbers)

Please fax this form to 317-857-0122 or email to info@classroomfaces.com.
Reprint orders will not be processed until payment is received.