

Custom Embroidered Logos/Emblems Form



Customer# _____ Cust Class _____
 Name _____
 Attn _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 PO/Distributor # _____

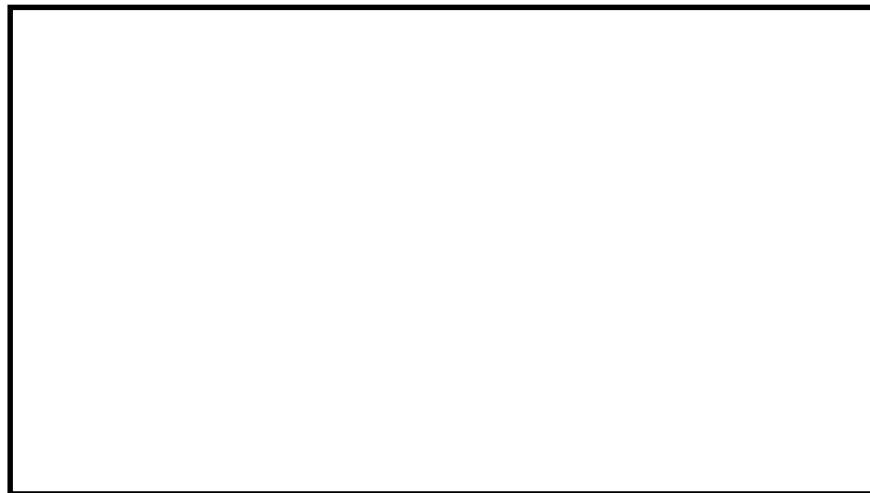
Mail your "Embroidery/Emblem Request Form" with your artwork (Please Do Not Fax) to:
 Protexall Inc., Attn: Sales Service, PO Box 1287, Galesburg, IL 61402-1287

Here's how it works:

- Send us artwork of your logo. An Ad Slick works the best, however we can work from a business card or letterhead.
- We will contact you with a quote. Simply fax your approval and we will start processing
- Once your embroidery/emblems are received, we send you a sample for your final approval.
- Upon receiving approval on the embroidery/emblem, we will personalize your garments.

I am interested in a quote for an: Embroidery Emblem (300 minimum)

Please Specify Desired Size of Logo: Height _____ Width _____
 For best results your logo should fit within the 4 1/2" x 2 1/2" Box below.



Color, PMS Number (Maximum 6)

Indicate what part of the logo is specified color

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- _____
- _____
- _____
- _____

Embroidery Quote
 \$ _____ One Time Setup Fee
 \$ _____ Application Fee

Emblem Quote
 \$ _____ ea X _____ = \$ _____

Approval for Quote _____

Approval for Processing Order _____