

Custom Strikeoff Request

Distributor: _____

Representative: _____

Ship Primary Sample to:

Ship Copies to:

Name: _____
 Firm: _____
 Address: _____
 City _____ State _____ ZIP _____
 Phone: () _____ Fax: () _____
Ship Via: _____

Name: _____
 Firm: _____
 Address: _____
 City _____ State _____ ZIP _____
 Phone: () _____ Fax: () _____
Ship Via: _____

(If standard item, refer to back page of each design for screen location)

Please specify flat paint colors. We maintain a library of all national brands for your convenience.

BORDER

Design _____
 Ground Color _____
 Screen one _____
 Screen two _____
 Screen three _____
 Screen four _____
 Screen five _____
 Screen six _____
 Screen seven _____

Potential Yardage (optional) _____

Ground	1	2	3
4	5	6	7

54" SCREEN PRINT

VWC Pattern Name _____
 VWC Number/Color _____
***Please send 1 yard sample for each pattern to be used in producing this strikeoff.**

Screen one _____
 Screen two _____
 Screen three _____

1	2	3
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Instructions: _____

