Interform®

Hat Order Form

IN HANDS DATE

Company Name_____ Bill To _____

Order By_____ P.O._____ Phone _____ Email _____

Ship To _____ Ship Method ☐ Will Call ☐ UPS Ground ☐ UPS Next Day ☐ UPS 2 Day ☐ UPS 3 Day

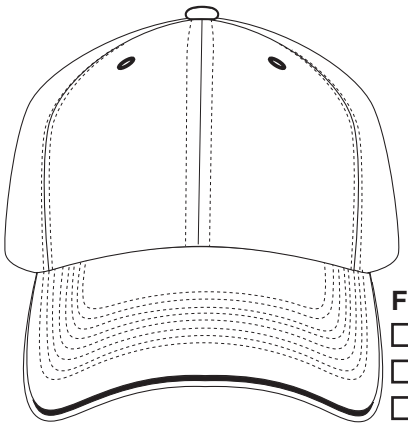
Total Quantity	Item #	Description	Color	QUANTITY ADULT									QUANTITY YOUTH				
				XS	S	M	L	XL	2X	3X	4X	5X	XS	S	M	L	XL

Special Instructions (Thread or Ink Color Specs)

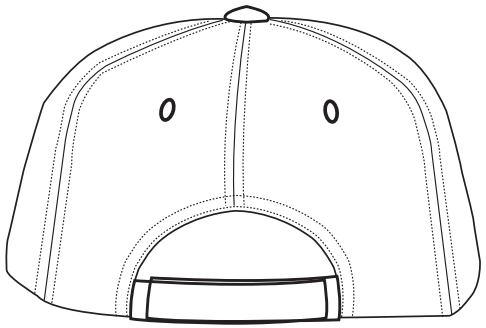
☐ Embroider: Thread Colors _____

☐ Screen Print: Ink Colors _____

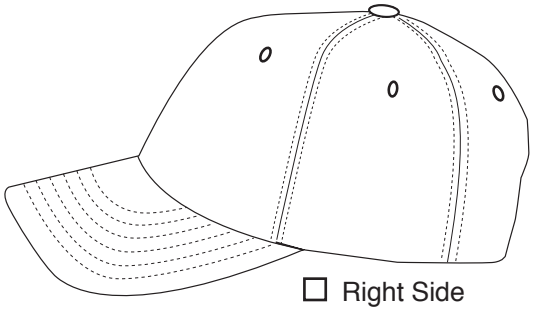
Please Indicate Below the Location(s) for Screenprint or Embroidery.



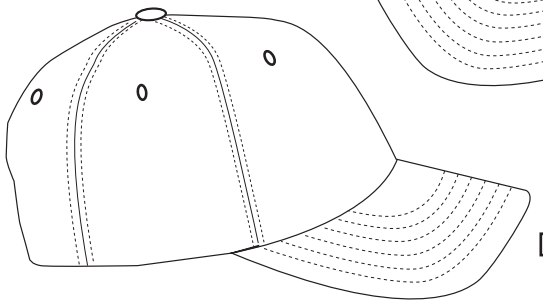
Front
☐ Left Side
☐ Right Side
☐ Center



Back
☐ Above Hole
☐ Strap



☐ Right Side



☐ Left Side