M A G E S by *Interprint*

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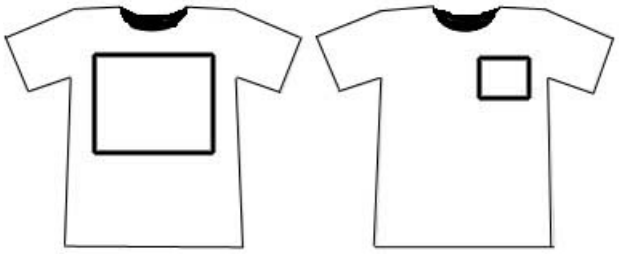
ORDER FORM

Invoice address:	Delivery address: (if different
Telephone No:	Fax:
Email:	

DESIGN NAME: _____

DESIGN POSITION:

CHEST SIZE LEFT BREAST



COLOUR PRINT: (PANTONE REF IF KNOWN): _____

CODE	STYLE	COLOUR	3/4	5/6	7/8	9/11	12/13	XS	S	M	L	XL	XXL

SUB TOTAL
SCREEN CHARGE 20.00
VAT@ 17.5%
GRAND TOTAL _____