INVOICE NUMBER							
ORDER DATE		REF#		P.O.#		INV.DATE	
TEAM NAME					NAME		
ADDRESS							
CITY, ST ZIP							
WORK PHONE#			HM PHONE#			CELL/FAX#	
E-MAIL ADDRESS			DATE NEEDED				
NOTES					CO. CONTACT		

STYLE NUMBER	DESCRIPTION	COLOR	MISC QTY	3 YS	4 YM	5 YL	YXL	7-8 AS	8-9 AM	9-11 AL	10-13 AXL	AXXL	TOTAL QUANTITY	PRICE	TOTAL

SUBTOTAL	

DEPOSIT		
FORM OF PAYMENT	AMOUNT	DATE

	QTY	Price PER	
PRINT CHARGE			
# CHARGE-BACK			
# CHARGE-FRONT			
INK CHARGE/ART WORK			
SCREEN CHRG			
SHIP TYPE AND COSTS	Pick-up		

FINAL PAYMENT		
FORM OF PAYMENT	AMOUNT	DATE
BALANCE		

☐ Taxable

SALES TAX	$0.00
GRAND TOTAL	

SPECIAL INSTRUCTIONS :

***TERMS: 50% DOWN NET COD. ** 1% FINANCE CHARGE WILL ACCRUE EACH MONTH TO PAST DUE INVOICES**

***IF YOU ARE TAX EXEMPT YOU MUST PROVIDE A SALES TAX EXEMPTION FORM BEFORE YOUR ORDER CAN BE PLACED.

***2% ADDITIONAL FEE TO ALL CREDIT CARD PURCHASES ON ACCOUNT.

SIGNATURE **DATE**

NORTH SOCCER SHOP NAME	SOUTH SOCCER SHOP NAME	EAST SOCCER SHOP NAME
Address	Address	Address
City, State ZIP	City, State ZIP	City, State ZIP
Phone, fax	Phone, fax	Phone, fax