

Got Me In Stitches

Monogramming Order Form

Customer/Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Font Name:

- | | |
|--|--|
| <input type="checkbox"/> Allegra Script | <input type="checkbox"/> Designer |
| <input type="checkbox"/> Angles | <input type="checkbox"/> Diana Script |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Hobo |
| <input type="checkbox"/> Block New | <input type="checkbox"/> Inscription |
| <input type="checkbox"/> Brantford | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Brush Script New | <input type="checkbox"/> Prestige Script |
| <input type="checkbox"/> Cin Block | <input type="checkbox"/> Twirl |
| <input type="checkbox"/> Cin Italic | <input type="checkbox"/> Two Script |
| <input type="checkbox"/> Commercial Script | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Custom Script New | <input type="checkbox"/> Uniscript |

Thread Color: (please circle)



Monogram Style: (please check one)

Full Name

Single Initial

3-Letter Monogram MCH MHC

Left

Center

Right

Approx. Monogram Height: _____

(measured in inches)

Stock Image #: _____

Monogram Style #: _____

Item Description: _____

Placement: _____

A simple sketch on the back would be helpful for placement

Customer Signature: _____

Payment due upon receipt. Charges accrue after 30 days.
Orders processed within 10 days. Excludes shipping time.