Customer Design Approval Form This form must be signed and returned before Production can begin

			Date:		
Customer Name:			Phone:		
Job Name/Number:			Email:		
List Item quantities and Item colors to be embroidered			Fax:		
1			Location:		
2					
3					
4					
Design Name			Comments		
Stitch Count					
Total Number of	Colors				
Sequence No.	Part of design	Thread color	_	Part of design	Thread color
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		
Customer Signature Date					