

# Pro-Line CAP COMPANY

**1 P.O. #** \_\_\_\_\_  
**ORDER DATE** \_\_\_\_\_  
**SHIP DATE** \_\_\_\_\_  
 For questions about this order please contact:  
**NAME** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_  
**FAX #** \_\_\_\_\_

**2 TEAM NAME** \_\_\_\_\_  
 New Order       ReOrder  
 Refer to Inv. # \_\_\_\_\_  
 Previous Inv. Date \_\_\_\_\_

**3 BILL TO:**  
 Account # \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**4 SHIP TO:**     Check if same as billing  
 Company \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_


**SHIP VIA**  
 Ground     Other \_\_\_\_\_

**5**     Net 30       COD  
        M/C             Visa  
 Credit Card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_

**Internal Use Only**  
 Sales Rep. \_\_\_\_\_


CAP DETAILS	LINE 1	LINE 2
MODEL #		
CROWN COLOR		
<b>*FOR PINWHEEL STYLE CAPS ONLY*</b>		
FRONT PANELS		
SIDE PANELS		
BACK PANELS		
BILL COLOR		
BUTTON COLOR		
EYELET COLOR		
VISOR SHAPE <i>(Check Box)</i>	<input type="checkbox"/> PRO ROUND <input type="checkbox"/> PRO SQUARE <input type="checkbox"/> PRE-CURVED	<input type="checkbox"/> PRO ROUND <input type="checkbox"/> PRO SQUARE <input type="checkbox"/> PRE-CURVED
VISOR STYLE <i>(Check Box)</i>	<input type="checkbox"/> STANDARD <input type="checkbox"/> ROLLED <input type="checkbox"/> SANDWICH	<input type="checkbox"/> STANDARD <input type="checkbox"/> ROLLED <input type="checkbox"/> SANDWICH
UNDERSVISOR COLOR		
SANDWICH EDGE COLOR <i>(If Applicable)</i>		
<b>SIZE/QUANTITY BREAKDOWN</b>		
6 1/2		
6 5/8		
6 3/4		
6 7/8		
7		
7 1/8		
7 1/4		
7 3/8		
7 1/2		
7 5/8		
7 3/4		
7 7/8		
8		
<b>PRO-STRETCH</b>		
SMALL (6 1/2 - 6 3/4)		
MEDIUM (6 7/8 - 7 1/8)		
LARGE (7 1/4 - 7 1/2)		
X-LARGE (7 5/8 - 7 7/8)		
<b>ADJUSTABLE</b>		
LRG/XL (7 - 8)		
SM/MED (6 1/2 - 7 1/4)		
YOUTH (3-8 years)		
TODDLER (9-36 months)		
<b>TOTAL</b>		


## EMBROIDERY OPTIONS/ART


 TAPE NO. \_\_\_\_\_  
 \_\_\_\_\_  
 FILL \_\_\_\_\_  
 OUTLINE \_\_\_\_\_

**Back**  


 TAPE NO. \_\_\_\_\_

**Left Side**  

 TAPE NO. \_\_\_\_\_

**Right Side**  

 TAPE NO. \_\_\_\_\_

\*\*\*PRO-LINE COLOR COORDINATES ALL HSB LOGOS\*\*\*

**NEW ART**    **SWATCH APPROVAL?**     YES

METHOD OF APPROVAL: <small>(CHECK ONE)</small>	FAX ART	MAIL SEW-OUT	E-MAIL ART*

\*E-MAIL ADD. \_\_\_\_\_

NOTES:

1-800-227-2456 fax 817-367-1585

<b>PRICE</b>	LINE 1	LINE 2