

Classroom Faces Re-order form

(USE BLUE OR BLACK INK ONLY TO FILL OUT THIS PAGE)

When was the original order placed? _____

(Please list "Spring" for Jan 1-June 30 or "Fall" for July 1-Dec 30, along with the year.)

School Name: _____

Teacher's Name: _____

Shirt Color: _____ Ink Color: _____ This form is good through 12/17/31.

YOUTH SIZES	
QTY	SIZE
_____	XS (2-4)
_____	S (6-8)
_____	M (10-12)
_____	L (14-16)
_____	XL (18-20)

ADULT SIZES	
QTY	SIZE
_____	S
_____	M
_____	L
_____	XL
_____	2X
_____	3X
_____	4X
_____	5X

of paid Youth shirts _____ x \$15 = _____
of paid Adult shirts _____ x \$15 = _____
of paid 2X-5X Adult _____ x \$18 = _____

Additional Information:
Pricing is all-inclusive (artwork, setup, shirt, printing, & shipping.)

Add \$5 per shirt for our new "Class of" shirts.

Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

7% tax is for Indiana orders without a tax exempt form.

Our total order of reordered is _____.

PAYMENT INFORMATION

Please make checks payable to **A+ Images, Inc.**
(No parent checks)

_____ Check # _____ is included with this order
for the amount of \$ _____

_____ Enclosed is our approved P.O. # _____

_____ I wish to pay with a credit or debit card. I understand an invoice will be emailed to me to pay online. No credit cards will be taken over the phone. I understand my order is on hold until I pay the invoice.

SHIP TO: (PLEASE PRINT)

School: (optional) _____

Name: _____

Street: _____

City _____

State _____ Zip _____

Phone # _____ Ext _____

Email: _____

(E-mail addresses are used for order issues and tracking numbers)

PLEASE FAX THIS FORM TO 317-405-8685.

Reprint orders will not be processed until payment is received.