

CapSure Canada

Custom Order Form

Purchase Order #: _____ Date: _____

Customer Name: _____ Salesperson: _____

Customer Code: _____ (if applicable)

Contact Name: _____

1. Style and/or Description of Cap _____

2. Fabric of Cap: () Crown: _____
() Peak/Brim: _____
3. Backstrap: () Imitation Leather Strap
() Plain
() Embossed Logo (extra cost required)
() Nubuck Leather Strap
() Plain
() Embossed Logo (extra cost required)
() Self Fabric Cloth Strap
() Plastic Strap
() Velcro
() Others, please specify: _____
4. Buckle: () Snap Buckle
()
()
() Flip Buckle
() Plain
() Embossed Logo (extra cost required)
() Slide Buckle
()
()
() Others, please specify: _____
5. Strap Holder: () Sewn Buttonhole
() RT Rear
() LT Rear
() Tuck-In Tunnel
() RT Rear
() LT Rear
() Grommet
() RT Rear
() LT Rear
() Nil
() Others, please specify: _____
6. Visor Stitches: () Yes, how many rows? _____
() Nil
7. Pro-Stitching: () Yes
() No

8. Label: Main Label (with custom or CapSure Logo)
 Printed on White (if 2 or more colors, extra cost required)
 Woven (extra cost required)
 Separate Content/Care Label
 Printed on White (if 2 or more colors, extra cost required)
 Woven (extra cost required)
 Others, please specify: _____
9. Ticketing: Hangtag
 Provided by customer
 Provided by CapSure (extra cost required)
 Price ticket
 Provided by customer
 Provided by CapSure (extra cost required)
 Others, please specify: _____
10. Packaging: Standard Packing (12pcs/polybag, 24pcs/inner box)
 Special Packing, please specify: _____
 (extra cost required)
11. Embroidery/: D/E Swatch
 Imprint Artwork
 Disk
 Film
 Sample Cap
 Others, please specify: _____
12. Embroidery Details including Tether _____

13. Samples Yes Sample Charges: \$ _____
 Required: No
14. Pymt Term: _____ % Deposit upfront, balance _____ upon delivery
 LC at sight
 Others, please specify: _____
15. Total Quantity: _____ pcs
 Requested (minimum order quantity _____ doz per color for special dye fabric)
 One Color
 Different Colors; _____ pcs per color
16. Required Delivery Date: _____ (in house)
 By Ship
 By Air
 Others, please specify: _____
17. Delivery Term: FOB Toronto
 FOB Vancouver
 FOB Buffalo
 Others, please specify _____

For Office Use Only
Input by: _____
Input Date: _____