



CUSTOM DESIGN REVISION FORM

*RUSH	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
--------------	--------------------------	-----	--------------------------	----

Please Note: You must fill out one Custom Revision Form per custom garment you want to revise.

C.S. Rep. _____ Phone # _____ Date of Request _____

Contact Name _____ Acct. Name _____

E-mail _____ Acct. Number _____

Potential Pieces for Order _____ *(Required)* Approximate Size Range _____ *(Required)*

Budget (Per Garment) _____ *(Required)* Show with Style _____

Original Style #:

CHECK ALL REVISIONS THAT APPLY:

- | | | |
|--|---|---|
| <input type="checkbox"/> Garment Style Change | <input type="checkbox"/> Color Change Only
(no new # assigned) | <input type="checkbox"/> Fabrics Change, ABC's re-arranged
(no style line changes) |
| <input type="checkbox"/> Embellishment Change
(requires embellishment form) | <input type="checkbox"/> Other _____ | |

REVISED GARMENT INFORMATION

Fabric | Color

Main Fabric: _____ Fabric 3: _____

Fabric 2: _____ Fabric 4: _____

EMBELLISHMENT INFORMATION

Other Quotes Submitted (Indicate the # of each):

- | | | | |
|---------------|----------------|-------------------------|---------------|
| ___ Jewels | ___ Imprinting | ___ Spanglez™ | ___ Nailheads |
| ___ Imprintz™ | ___ Embroidery | ___ Applique Embroidery | |

FURTHER DETAIL
