

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

Original Style #:

Original Style #:

CHECK ALL REVISIONS THAT APPLY:

Garment Style Change

Color Change Only
(no new # assigned)

Fabrics Change, ABC's re-arranged
(no style line changes)

Embellishment Change
(requires embellishment form)

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™	___ Sequinz™
___ Imprintz™	___ Embroidery	___ Applique Embroidery	___ Nailheads

FURTHER DETAIL

COSTING INFORMATION*			
Cost _____	Retail _____	CD # _____	
Wholesale _____	Sublimation Print # _____		* Internal Use Only