

Embroidery Form

[Page 1 of 2]

When complete please email to info@awbtextiles.co.uk and include any relevant photos, logos, schedules etc.

AWB REFERENCE (office use only):

YOUR PURCHASE ORDER NUMBER:

INVOICE ADDRESS

Account Number:
Business Name:
First Name:
Last Name:
Building Name/Number:
Street Name:
Post Town/City:
Post Code:
Country:
Contact Telephone No:
Contact email address:
Your Reference:

DELIVERY ADDRESS (if different from invoice address)

Account Number:
Business Name:
First Name:
Last Name:
Building Name/Number:
Street Name:
Post Town/City:
Post Code:
Country:
Contact Telephone No:
Contact email address:
Your Reference:

TELL US ABOUT YOUR LOGO & YOUR REQUIREMENTS

Briefly describe your logo; shape, colour, text, etc. Have we worked with it before, is it a new logo, etc? What are your requirements, do you require a repeating logo on the garment and/or departmental or individual team member names?

EMBROIDERY POSITION

Tell us where on your garments you would like your embroidery to be located.

PLEASE NOTE

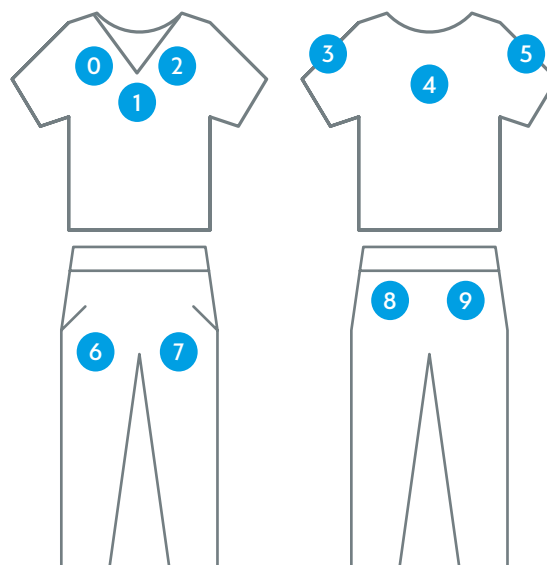
Embroidery positions are subject to selected garment design (e.g. neck line, pocket position, etc.)

Embroidery on pockets makes them unusable.

There are logo/text size limitations per position. e.g. recommended maximum width on sleeve is 70mm. Recommended maximum chest logo width is 80mm.

Consider how the logo will appear on large and small sized garments.

POSITIONS ARE SHOWN AS WORN



Please tick all applicable boxes if there are multiple applications on the same garment.

- 0 Right chest
- 1 Centre chest
- 2 Left chest
- 3 Left sleeve
- 4 Centre back
- 5 Right sleeve
- 6 Right thigh
- 7 Left thigh
- 8 Left rear
- 9 Right rear

FRONT

BACK

Embroidery Form

[Page 2 of 2]

When complete please email to info@awbtextiles.co.uk and include any relevant photos, logos, schedules etc.

Have you had your logo specially digitised for embroidery before? Yes No

If yes, please send via email. If no, please email a high resolution image in either of the following formats:

.pdf .jpg .ai .png .eps

TELL US ABOUT YOUR PREFERRED GARMENTS (send us a separate spread-sheet if easier)

Product Description	Colour	Size	Quantity

ADDING TEXT TO YOUR DESIGN

Select your preferred font*

- | | |
|---|---|
| <input type="checkbox"/> ARIAL rounded | <input type="checkbox"/> COMIC sans |
| <input type="checkbox"/> <i>BLACKLIGHT blacklight</i> | <input type="checkbox"/> KIDZ kidz |
| <input type="checkbox"/> BLOCK block | <input type="checkbox"/> SWISS swiss |
| <input type="checkbox"/> <i>Chancery</i> | |

* for additional fonts, please enquire.

Select your preferred text colour**

- | | | |
|--------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> NHS Mid Blue | <input type="checkbox"/> Dark Purple |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Light Blue | <input type="checkbox"/> Bright Pink |
| <input type="checkbox"/> White | <input type="checkbox"/> Teal | <input type="checkbox"/> Light Pink |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Yellow | <input type="checkbox"/> Lime Green |
| <input type="checkbox"/> Red | <input type="checkbox"/> Lilac | <input type="checkbox"/> Silver Grey |

** for additional text colours, please enquire.

PLEASE ENTER YOUR TEXT

- Line 1 (max. 25 characters):
- Line 2 (max. 25 characters):
- Line 3 (max. 25 characters):
- Line 4 (max. 25 characters):
- Line 5 (max. 25 characters):

WHAT HAPPENS NEXT?

Please email your completed form together with any relevant attachments to the above email address. We aim to respond within 3 working days with a quotation and lead time or with further questions. All proposals are subject to our [standard terms and conditions](#) which are available on our website for your review. Please read our [returns policy](#) carefully with regard to personalised/embroidered garments.

CUSTOMER DECLARATION

I confirm that I am the Customer's authorised representative and that I have completed the above accurately. I accept the above terms and conditions and that AWB are not liable for any errors or omissions in this form. I accept that this form establishes the Customer's embroidery requirement and instruct AWB to produce a quotation on this basis.

Signed:

Print Name:

Date (DD/MM/YY):