



Attn: Customer Service  
7610 McEwen Rd Dayton, OH 45459  
Ph: 937-222-7700 Fax: 937-222-1177

## Logo Printing & Embroidery Information Sheet

Print and fax to 937-222-1177

Email form to

[customer.service@ravenrock.com](mailto:customer.service@ravenrock.com)

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact(s): \_\_\_\_\_

Email: \_\_\_\_\_

I am looking for (Check all that apply):

- |  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Coats, Jackets                | <input type="checkbox"/> Hats    | <input type="checkbox"/> T-shirts    |
| <input type="checkbox"/> Shirts, Sweaters, Sweatshirts | <input type="checkbox"/> Oxfords | <input type="checkbox"/> Uniforms    |
| <input type="checkbox"/> Medical Uniforms/Scrubs       | <input type="checkbox"/> Polo's  | <input type="checkbox"/> Other _____ |

Other Requirements

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Made In U.S.A | <input type="checkbox"/> Flame Resistant | <input type="checkbox"/> Union Made |
|--|--|-------------------------------------|

Specific Styles/Manufacturers (optional): \_\_\_\_\_

Approximate quantity required: \_\_\_\_\_

I am interested in:

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Embroidery | <input type="checkbox"/> Screen Printing | <input type="checkbox"/> Other _____ |
|-------------------------------------|--|--------------------------------------|

Time frame to next purchase:

- |                                    |                                       |                                       |
|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Immediate | <input type="checkbox"/> 1 - 2 Months | <input type="checkbox"/> 3 - 6 Months |
|------------------------------------|---------------------------------------|---------------------------------------|

What is the preferred method of contact?

- |                                |                                |                               |
|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
|--------------------------------|--------------------------------|-------------------------------|

Other details and comments: \_\_\_\_\_

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