ASICPP

Today's Date:

* ____ / ____ / ____

I have read and agree to the ASI MDPR "Terms and Conditions."

* X _____

Customer/Requestor Signature

Creative Request

Merchandise & T-Shirts

Please email Creative Requests to **asimdprops@cpp.edu**

* Indicates a required field (please mark N/A for any section that does not apply).

* CLIENT INFORMATION

Contact Name: _____

Billing Contact/Advisor: _____

Additional Contacts: _____

Organization: _____

Phone #: _____

Email: _____

* DESIRED DEADLINE DATE: _____ / _____ / _____

WE REQUIRE A **MINIMUM OF 6 BUSINESS WEEKS** FOR PRODUCTION TIME (EXCLUDING HOLIDAYS AND WEEKENDS) PRIOR TO THE PROJECT DEADLINE DATE. PLEASE NOTE PRODUCTION TIME STARTS AFTER WE RECEIVE YOUR APPROVAL OF THE QUOTE.

PRODUCT or EVENT DESCRIPTION

MERCHANDISE: Please describe the item(s) you want to use for merchandise as well as what logo you'd like to use and what color(s) you're considering. Include any additional info here. **Must complete section A.**

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A. COMMON MERCHANDISE OPTIONS

(___) Buttons ☐ 1″ ☐ 1.25″ ☐ 1.5″

(___) Pens

(___) Highlighters

(___) Lanyards

(___) Water Bottles

(___) Hats

Other: _____

Other: _____

Other: _____

T-SHIRTS: Please briefly explain the purpose of the shirt and include all information that needs to be included in the design as well as colors and concepts you're considering. Event shirts must include event date. If for staff use, size is based on need. If for giveaway, inclusive sizing is mandatory. **Must complete section B.**

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B. T-SHIRT SPECIFICATIONS (INDICATE FROM 0-1000+)

Size Breakdown:

(___) X-Small

(___) Small

(___) Medium

(___) Large

(___) X-Large

(___) 2XL

(___) 3XL

(___) 4XL

Total: _____

Artwork Placement:

☐ Front

☐ Back

☐ Sleeve

☐ Other: _____

Logo Use (*please choose one*):

☐ New ☐ Existing

☐ Department Logo

Please specify: _____

T-shirt Color: _____

THIS SECTION FOR OFFICE USE ONLY

Job Number : _____ **Assigned Designer :** _____

Date Assigned : ____ /____ /____

BILLING: Internal / External

Date Billed: _____ **Designer's Initials:** _____

Account #: _____ **P.O. #:** _____

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Operations Use Only	
1st Approval:	2nd Approval:

Subtotal:	$ 0.00
Tax:	
Design Time:	
Total:	