

## SHIP FROM

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SHIP TO

Ameri-Brand Custom Sewing Department

4619 Olive Hwy.

Oroville, CA 95966

Authorization to Ship # \_\_\_\_\_ (required)

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(cut shipping label on line above)

**Note: After filling out this form, make a duplicate for your records.**

Please fill in this form and place it in the box with your item. We will inspect your item and call you back with an exact quote. If you agree to our quote, we will perform the work as agreed. Should you elect not to have us complete the work, we will send the item back to you and pay for the shipping costs back to you. Shipping cost to Ameri-Brand is the customers sole responsibility. **Do not ship your product without first obtaining an Authorization to ship number at 800-982-6966. Ask for the Custom Sewing Department.**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_

\_\_\_\_\_ Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

Description of item and requested work to be quoted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_