

|                  |            |            |  |                       |  |
|------------------|------------|------------|--|-----------------------|--|
| Date:            | 10/17/2006 | Account #: |  | Purchase Order #:     |  |
| Account Name:    |            |            |  | Phone:                |  |
| Ship to Address: |            |            |  | Contact Name:         |  |
| Attention:       |            |            |  | Special Instructions: |  |
| Street Address:  |            |            |  |                       |  |
| City:            |            | State:     |  |                       |  |

**PLEASE USE THE REFERENCE SHEET PROVIDED. INDICATE COLOR, PLACEMENT, FONT STYLE & SIZE BY REF #**

|  |         |        |                  |               |
|--|---------|--------|------------------|---------------|
| EXAMPLE: Item # 898NBT                         | Size: S | Qty: 3 | Item Price: 8.95 | Emb Chg: 3.00 |
| Enter Up To 3 Lines Of Embroidery Instructions |         |        | Color            | Placement     |
| 1. Dr. John Smith                              |         |        | 7                | 15            |
|  |         |        | 4                | 3             |

**\*\*Please enter embroidery instructions EXACTLY as they should appear on the garment including punctuation, spaces, and UPPER and lower case.\*\***

|  |  |       |  |      |  |             |           |            |           |
|--|--|-------|--|------|--|-------------|-----------|------------|-----------|
| Item #:  |  | Size: |  | Qty: |  | Item Price: |           | Emb Chg:   |           |
| Enter Up To 3 Lines Of Embroidery Instructions |  |       |  |      |  | Color       | Placement | Font Style | Font Size |
| 1.   |  |       |  |      |  |             |           |            |           |
| 2.   |  |       |  |      |  |             |           |            |           |
| 3.   |  |       |  |      |  |             |           |            |           |
| 4.   |  |       |  |      |  |             |           |            |           |

**Logo, Kaumagraphy or other special instructions:**

|  |  |       |  |      |  |             |           |            |           |
|--|--|-------|--|------|--|-------------|-----------|------------|-----------|
| Item #:  |  | Size: |  | Qty: |  | Item Price: |           | Emb Chg:   |           |
| Enter Up To 3 Lines Of Embroidery Instructions |  |       |  |      |  | Color       | Placement | Font Style | Font Size |
| 1.   |  |       |  |      |  |             |           |            |           |
| 2.   |  |       |  |      |  |             |           |            |           |
| 3.   |  |       |  |      |  |             |           |            |           |
| 4.   |  |       |  |      |  |             |           |            |           |

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|  |  |       |  |      |  |             |           |            |           |
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| 1.   |  |       |  |      |  |             |           |            |           |
| 2.   |  |       |  |      |  |             |           |            |           |
| 3.   |  |       |  |      |  |             |           |            |           |
| 4.   |  |       |  |      |  |             |           |            |           |

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|  |  |       |  |      |  |             |           |            |           |
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| 1.   |  |       |  |      |  |             |           |            |           |
| 2.   |  |       |  |      |  |             |           |            |           |
| 3.   |  |       |  |      |  |             |           |            |           |
| 4.   |  |       |  |      |  |             |           |            |           |

**Logo, Kaumagraphy or other special instructions:**

# Personal Touch EMBROIDERY REFERENCE SHEET

Health Care Apparel Inc.

**Please use the reference numbers listed when completing your embroidery request**

All embroidery instructions must be received in typewritten format to ensure accuracy for names, titles and departmental information. Embroidered items are non-returnable. All embroidery orders require 7 to 10 working days for your order to ship.

Please note that embroidery orders cannot be set up as standing orders or entered as future orders.

### Embroidered Logo Prices: (Apply to any order that contains a logo)

**Minimum Order Quantity** for custom logo-embroidered items: **24 each**

**Set up fee for a customized logo** up to 10,000 stitches: **\$135.00** (\*over 10,000 stitches: \$200.00)

**Price per each logo application** up to 10,000 stitches: **\$3.50** (\*over 10,000 stitches: \$5.00)

*\*For larger logos or questions on size, please call us at 888-626-1703*

### Embroidered Lettering Prices: (No set up fee for lettering only)

1 Line = **\$3.00**

2 Lines = **\$4.00**

3 Lines = **\$5.00**

**Minimum Order Quantity: 2 Each**

| <u>COLORS</u> |       |                 | <u>PLACEMENT</u> |       |   |
|---------------|-------|-----------------|------------------|-------|---|
| Ref #         |       |                 | Ref #            |       |   |
| 1             | M1000 | BLACK           | 1                | BLP   | ABOVE BACK LEFT POCKET OF PANT                      |
| 2             | M1001 | WHITE           | 2                | BRP   | ABOVE BACK RIGHT POCKET OF PANT                     |
| 3             | M1392 | GREEN (OLIVE)   | 3                | CR    | CTR FRONT (FOR CAPS AND BIB APRONS)                 |
| 4             | M1628 | LIGHT BLUE      | 4                | CRNR  | AT CORNER OF BLANKET                                |
| 5             | M1651 | GREEN (EMERALD) | 5                | LFW   | LEFT FRONT OF PANT JUST BELOW WAIST                 |
| 6             | M1683 | YELLOW (LEMON)  | 6                | LSHO  | LEFT SHOULDER                                       |
| 7             | M1742 | NAVY BLUE       | 7                | LSLV  | LEFT SLEEVE   |
| 8             | M1751 | KELLY GREEN     | 8                | OLP   | ON LEFT POCKET (note-pocket will be nonfunctional)  |
| 9             | M1784 | BURGUNDY        | 9                | ORP   | ON RIGHT POCKET (note-pocket will be nonfunctional) |
| 10            | M1839 | TRUE RED        | 10               | OTHER | OTHER   |
| 11            | M1842 | ROYAL BLUE      | 11               | RFW   | RIGHT FRONT PANT JUST BELOW WAIST                   |
| 12            | M1918 | MEDIUM GRAY     | 12               | RSHO  | RIGHT SHOULDER                                      |
| 13            | M1944 | DARK NAVY       | 13               | RSLV  | RIGHT SLEEVE  |
| 14            | M1955 | GOLD            | 14               | ULC   | UPPER LEFT CHEST                                    |
|               |       |                 | 15               | URC   | UPPER RIGHT CHEST                                   |

### FONT STYLE

| Ref # | EMB CODE   | DESCRIPTION    | EXAMPLE               |
|-------|------------|----------------|-----------------------|
| 1     | DIANE SC   | DIANE SCRIPT   | <i>Karen Sullivan</i> |
| 2     | FULL BLO   | FULL BLOCK     | Karen Sullivan        |
| 3     | OPEN BLO   | OPEN BLOCK     | <b>Karen Sullivan</b> |
| 4     | REG SCRIP  | REGULAR SCRIPT | <i>Karen Sullivan</i> |
| 5     | BR SCR U/L | BRUSH SCRIPT   | <i>Karen Sullivan</i> |

### FONT SIZE

| Ref # | EMB CODE | DESCRIPTION   | EXAMPLE (not to exact scale)     |
|-------|----------|---|----------------------------------|
| 1     | 1"       | 1" MAX <u>10</u> CHARACTERS – see example (character max includes punctuation & spaces)   | <i>Pat Schmit</i>                |
| 2     | 1/2"     | 1/2" MAX <u>20</u> CHARACTERS – see example (character max includes punctuation & spaces) | <i>Patricia Smith, M.D.</i>      |
| 3     | 3/4"     | 3/4" MAX <u>15</u> CHARACTERS – see example (character max includes punctuation & spaces) | <i>Joe Smith, M.D.</i>           |
| 4     | 3/8"     | 3/8" MAX <u>25</u> CHARACTERS – see example (character max includes punctuation & spaces) | <i>Patricia A. Smith, D.O.N.</i> |