

**DREAM STITCHES, INC.**  
**INFORMATION REQUEST FORM**  
**PLEASE FAX TO: (610)-485-5090**

**ATTN: CUSTOMER SERVICE/INTERNET**

**YES, I WOULD LIKE INFORMATION ABOUT THE FOLLOWING SERVICES:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>CORPORATE APPAREL</b>        | <input type="checkbox"/> <b>MONOGRAMMING</b>                                     |
| <input type="checkbox"/> <b>CUSTOM EMBROIDERY</b>        | <input type="checkbox"/> <b>DIGITIZING</b>                                       |
| <input type="checkbox"/> <b>TACKLE TWILL</b>             | <input type="checkbox"/> <b>SCREEN PRINTING</b>                                  |
| <input type="checkbox"/> <b>APPAREL W/ STOCK DESIGNS</b> | <input type="checkbox"/> <b>PATCHES</b>  |
| <input type="checkbox"/> <b>GREEK APPAREL</b>            | <input type="checkbox"/> <b>PHOTO PLATES</b> (REQUIRES ADDRESS TO MAIL BROCHURE) |
| <input type="checkbox"/> <b>OTHER</b> _____              |  |

**PLEASE PROVIDE US WITH SOME INFORMATION  
SO THAT WE MAY CONTACT YOU:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**