SHOW YOURSELF **FINISHING ENQUIRY**

FHB®

Name: _____ Place: _____ Contact person: _____

Kom.: _____ Customer number: _____ Delivery date: _____

Delivery address: _____

				Logo position						
				Breast		Sleeves		Back		
Article	Colour	Size / Quantity	Logo name*	left	right	left	right	yes	no	Other position
				☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	
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				☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	
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				☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	

☐ Transfer printing ☐ Reflective printing ☐ Direct embroidery ☐ Embroidered badge (sewn on)

☐ Name printing / internal personalisation ☐ Name tag Position _____

Colour specifications for the logo (Pantone, HKS): _____

Logo dimensions (W x H): _____

Date: _____ Signature: _____

* Please send us your logo as a vector file (**.ai, .eps, .pdf, .tiff, .svg**) together with this form, completed in full, to **logo@fhb.de**. Otherwise, we will be unable to process your enquiry or order, or we will have to charge you for any logo editing costs incurred.