







## **Apparel Questionnaire**

## CONTACT INFORMATION First Name:\* Last Name:\* Organization / Company: Email Address: \* Phone Number: Fax Number: Website:









## DESIGN DETAILS

- 1. What is the name of your business that you need an apparel design for?
- 2. What printing method would you like?
  - Screen Printing
  - Direct to Garment (DTG)
  - Sublimation Printing
  - CAD Cut Vinyl Printing
  - Transfer Paper method
- 3. Is this replacing an existing design? (If so, please attach)
- 4. Do you have a logo that you want us to put on the design? (If so, please attach)
- 5. What type of apparel will you need a design for?

T-shirts
What type?
Long Sleeve
Short Sleeve
What type?
Crew
V-Neck







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Hoodies		
What type?		
Pullover		
Zip-up		
Jackets		
What type? Please attach		
Hats		
What type? Please attach		
Other, Please specify		
6. What color will the apparel be?		
7. What will be the print color style?		
One color		
Duo color		
Tri color		
Full color		
Other, Please specify		
8. What will be the print color?		









9. Where is the placement of the design to be printed? (check all that apply)

Front

Back

Left Sleeve

**Right Sleeve** 

10. Do you have any photos or images you would like us to use in the design? (If so, please attach)

11. Do you have any designs that you like the look of?

12. Do you have sketches or layouts that you want us to follow? (If so, please attach)

13. When is your final design expected?