

Product Worksheet

Your Name: _____
Contact Phone: _____
Contact Email: _____

Please fill out a page for every product you want on the company store.
The more you fill out, the quicker the process goes.

Category Name: _____
Product Name: _____
Product Number: _____
Product Description: _____

Do you have a product image: Yes (please attach) | No
Minimum Quantity: *(If Applicable)* _____
Maximum Quantity: *(If Applicable)* _____
Product Size/Dimensions: *(If Applicable)* _____

Does this product require variable imprinting: Yes | No
Does this product require routing inputs: Yes | No

Pricing Type: Apparel | Per/Each | Per/Qty | Pricebreaks

Please enter any additional pricing details below:

Product viewable by: Everyone | Only these Users: _____

Product Colors: _____
(If applicable) _____

Please describe any special requests for this product:

Please fill this form out and either fax it to (559) 224-8391 or scan and email to stores@mywebvendor.com
Thank You.