ORDER FORM

Bill To:_____
Address:_____
City:_____
State/Zip:_____

Ship To:_____
Address:_____
City:_____
State/Zip:_____

Date	Ship Via	Phone #	Cell #	Fax#
E-mail Address		Contact		Due Date

Description	Garmet Color	Size	Quanity	Price	Total

PAYMENT TYPE

Balance Due

☐ CHECK

☐ CREDIT CARD #_____ EXPIRATION DATE_____

CARD TYPE_____ SIGNITURE_____