

CREW UNIFORMS FORM



DATE ORDERED: _____ DATE NEEDED: _____

NAME: _____ INVOICE / PO# _____

PHONE#: _____ FAX#: _____

CELL: _____ E-MAIL: _____

residential commercial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WILL CALL _____ SHIPPING: _____

CREDIT CARD: MasterCard VISA Card American-Express Discover Card

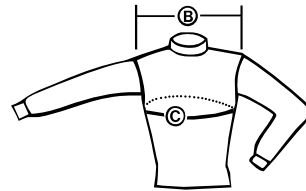
CREDIT CARD #: _____ EXP. DATE: _____

WE REQUIRE A 50% DEPOSIT or CREDIT CARD # (credit cards may be ran for the 50% requirement)

IT TAKES 2 TO MEASURE • BE PRECISE ON MEASUREMENTS DO NOT ADD FOR ALLOWANCE • USE CLOTH TAPE

Add Names First Full Script Block

Persons: 1 2 3 4 5 6 7 8



	PERSON 1	M/F	PERSON 2	M/F	PERSON 3	M/F	PERSON 4	M/F
A	NAME							
B	NECK							
C	SHOULDER - SHOULDER							
D	CHEST / SHIRT SIZE		/		/		/	
	HEIGHT							
	QUANTITY							

	PERSON 5	M/F	PERSON 6	M/F	PERSON 7	M/F	PERSON 8	M/F
A	NAME							
B	NECK							
C	SHOULDER - SHOULDER							
D	CHEST / SHIRT SIZE		/		/		/	
	HEIGHT							
	QUANTITY							

INSTRUCTIONS: _____
