



Customer Information Sheet

Date/Time Field

Bill to Information:

Responsible party _____

Address _____

City _____

State _____ Zip Code _____

E-mail address _____

Phone Number _____

Fax Number _____

Contact Name _____

P.O. Number _____

P.O. Date _____

Ship to Information:

Shipping to: _____

Address _____

City _____

State _____ ZIP Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Office Hours _____

Shipping Method: (We ship UPS Ground unless specified below)

Ship Via: (Pick One)

Common Carrier Trucking Line

Terms:

Orders over \$500.00

50% Deposit must be received before production can begin.

50% Balance must be paid before uniforms ship.

Orders under \$500.00

Order must be pre-paid prior to production of custom uniforms.