



# UNIFORM ORDER FORM



Customer Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Order Number: \_\_\_\_\_ Date: \_\_\_\_\_ Date Required: \_\_\_\_\_

Address: \_\_\_\_\_  Delivery Address as usual

<u>STYLE</u>	SIZE													
	QTY													

<u>STYLE</u>	SIZE													
	QTY													

<u>STYLE</u>	SIZE													
	QTY													

<u>STYLE</u>	SIZE													
	QTY													

**PLEASE NOTE ANY SPECIAL INSTRUCTIONS:**

Signature: \_\_\_\_\_

Authorizing Office Signature: \_\_\_\_\_