

UNIFORM ORDER & PAYMENT SLIP

NAME: _____

PHONE: _____

ORDER: _____ Size _____
_____ Size _____
_____ Size _____
_____ Size _____
_____ Size _____

Cash Credit Card Direct Deposit

AMOUNT: _____

CREDIT CARD: *(AMEX or Diners Card not accepted)*

Mastercard Visa card

Name on Card: _____

Card No:

Expiry Date: _____

Signature: _____