Page	of

Garment order form

- Please photocopy this form so the original can be used again.
- Please complete all details in BLOCK CAPITALS.

Your com	08	an	У	d	eta	ail	S										
Company name:	L	Ţ	1	1	1.		Ţ	_	1	1.	_	1	1	1	1	1	1
	Î	Ī	Î	Ì	T	1	Ī	1	Ĺ	T	Î	Ĩ	ľ	1	I	Î	
Account number:	L	1	1	1	1	1	1	1	1	1	1	Î	1				
Your Purchase Ord	der	nu	mb	er:	L	1	1	1	1	1	1	1	1	1	1	1	
Mr/Mrs/Ms/Miss	Le	st	nan	ne:	L	1	i	Ì	1	1	1	1	1	1	1	1	1
First name:	L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Telephone no.	L	1	1	1	1	1	L	1	1	Í	1	1	1	1			
Fax no.	L	1	1	1	1	1	L	1	1	Í	1	1	1	1			
Email address:																	_
Industry type:	L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	J
	L	1	1	1	1	1	1	1	1	1	1	Î	1	1	1	1	1
No. of employees:	L	1	1	1	1	N	0. 0	of ur	nifor	m v	vea	rers	: L	1	-1	1	

. 541 11110	IC	9 8	ac	C	ire	98	S											
Building name or	nu	mbe	er:	L	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Street name:	1	1	L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Post town/city:	L	1	L	1	1	1	1	1	1	1	1	1	1	1	1		1	1
County:	L			1	J		1	1	1	1		1	L	1	1		1	
Country:	L	L	L	I	Ī	1	Po	osto	ode	e:[_	L	I	L	Ī	I	1	1	
Delivery a	d	dre	98	S	(i	f d	iffe	ren	t fr	om	in	vol	ce .	ado	dre	ss)		
				SS	(i	f d	iffe	ren	t fr	om 	in	vol	ce .	ado	dre:	ss)	1	2000
Delivery a For the attention Building name or	of:	L	1	SS	(I 	f d	iffe 	ren 	t fr	om 	im L	vol	ce i	add	dre:	ss)	1	2000
For the attention	of:	L	1	SS L L) 	f d	iffe	ren	t fr	om 	im L	vol	ce i	add	dre:	ss)	1 1	PAGE 5-100
For the attention Building name or	of:	L	1	SS L L L		f d	iffe	ren	t fr	om 	im L L	J L	ce	add	dre:	ss)	1 1 1 1	0.000 NECT 0.000 MARCO
For the attention Building name or Street name:	of:	L	1	SS L L L L) (1 	f d	Iffe 	ren	t fr	om L L L	In L L L	Vole L L L	ce de la	add	dre	ss)	1 1 1 1 1	STATE STATE SAGE CHES SHOOL
For the attention Building name or Street name: L Post town/city:	of:	L	1			f d		1 1 1 1	t fr	1 1 1	Im	L L L	ce	ado	entice	ss)		positi the care one case place

Your order		se use additional she	ets			re g	arn			leas										plac	500
Style code	D	escription		Siz	ze			Quar	ntity		indi	Mdu	ial ite	m pri	ce	1	otal	price			Personalisation
1			1	L	1	L	1	Ш	_1_	J	L	1	1		1.1	L	1	1	٠	1	
2	II L			L	1	1	J	ш		J	L	1	1		Ш	L	1	1		1	
3 _			_1		1	1	1	Ш		_	L	1	1		LJ	L	1	1		1	_ <u>_</u>
4			1	1	1	1	1		1	1	L	1	1			L	1	1		1	_ <u></u>
5			1		1		1	L	-1	1	L	1	1	•		L	1	1	•	1	ı 🔲
6	<u> п</u>			L	Î	1	1	Ш	- 1	J	Ш	1	Ĺ		Ш	L	1	1		1	ı 🔲
7				L	1		1	ш		J	L	1_	1		Ш	L	1		٠		<u> </u>
8				L	I		J	ш	1	J	_	L	Ī	•	LJ	L		1	٠	1	
Payment metho	od	790 12-9													٦	Ga	ırme	ent 1	total	•	1.7
☐ Please		Mastercard/Visa/														(Ent	ter the	total	here fr	on to rom you ite quot	tal: ur calculations on pag te provided by us)
Card account number	LLI	نا تنتنا	1		L	-1	1	1	L	L	Ш					L	1	1		(4986)	
Name on card:	111			1	1	1	1			1	Ш	1			1	Po	stag	ge 8	pa	ckagi	ing
Expiry date: /		(Last 3 dig	gits fro	m re	verse	of c	ard)	Card	secur	ity no	о. L	1	1	1							
Signature:		Date:	,	1												1_	1	1		•	
Olgi luturo.	Tab Fair Tab	STATE OF THE PARTY		100	C 308	E 38	300	140		Ş 1				3300		+T	axe	S	- 80	on goo	ods and P&P)
Position:	TTT				1																

How to place your order

If ordering personalisation, please complete the relevant order form on page 283-285.

Call us on 450 443 1179 Email to contact@uniformscanada.ca Fax to 450 462 3625

Or mail to : Blue Riband Uniforms Inc., 7483-6 rue Lautrec, Brossard, QC, J4Y 3H7