



Garment order form

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

Your company details

Company name:

Account number:

Your Purchase Order number:

Mr/Mrs/Ms/Miss Last name:

First name:

Telephone no.

Fax no.

Email address:

Industry type:

No. of employees: No. of uniform wearers:

Your invoice address

Building name or number:

Street name:

Post town/city:

County:

Country: Postcode:

Delivery address (if different from invoice address)

For the attention of:

Building name or number:

Street name:

Post town/city:

County:

Country: Postcode:

Telephone no.

Your order

- Please use additional sheets for more garments.
- Please quote reference code C108 when placing your order

Style code	Description	Size	Quantity	Individual item price	Total price	Personalisation
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Payment method

Please debit my: Mastercard/Visa/ (please circle)  

Card account number

Name on card:

Expiry date: / (Last 3 digits from reverse of card) Card security no.

Signature: Date:

Position:

If you DO want to receive details of special offers by email, please tick here (please fill in your email address above).

Garment total:

Personalisation total:

(Enter the total here from your calculations on page 283 or from a separate quote provided by us)

Postage & packaging

+Taxes (on goods and P&P)

Total payable

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