Order Form

Today's Date ___ / ___ / ___

Fax to 1(225) 667-4235

A+ Uniforms, Inc., PO Box 1149, Walker, LA 70785

Phone# 1(800) 775-2075

Desired Delivery Date ___ / ___ / ____
We will do our best to accommodate your needs, but specific dates cannot be guaranteed.

Billing Information

Organization Name _____

Contact _____

Address_____

_____

City _____ ST _____ Zip_____

Daytime Phone# (_____)_____-_____

Fax# (_____)_____-_____

Shipping Information

Organization Name _____

Contact _____

Address_____

_____

City _____ ST _____ Zip_____

Daytime Phone# (_____)_____-_____

Fax# (_____)_____-_____

___ New customer? How did you find us? _____

___ Returning customer? Customer#? _____

Please send or email a photo for uniform matching !

Shipping: __ **Business or** __ **Residence**

___ Decide Later (Call when uniforms are ready)

___ Ground (Free for 10+ uniforms)

___ 3 Day, __ 2 Day, __ Overnight , __ 1 Day Saver

Contact person for questions about your order:

_____

E-mail address:_____-_____

Daytime Phone # (_____) _____-_____

Cell or Other Phone # (____) _____-_____

Alternate contact in case we cannot reach you:

_____Phone# (___) ___-_____

QTY	ITEM	DESCRIPTION	SIZE	COLOR 1	COLOR 2	COLOR 3	PRICE EA	TOTAL

__ **Sending Group Check or Money Order**

__ **Charge my Credit/Debit Card: __Visa, __MC, __Disc, __Am Ex**

Card #_____ 3 or 4 Digit Security Code: _____

Expiration Date: _____ Signature: _____

Billing Address for Card: _____

City: _____State: _____Zip: _____

Subtotal	
9.5 % Tax- LA Res ONLY For exemption-send copy	
Shipping	
Total	

Uniform Sizing Worksheet

	Name	Bust Meas	Meas. Back Length	Shell Size	Shell Length Blank for Std.	Midriff Size	Jacket Size	Waist Meas	Hip Meas	Meas. Skirt Length	Skirt Size	Desired Skirt L Blank for Std.	Inseam Meas.	Uniform Pants Size	Desired Inseam Blank for Std.	Uniform Short Size	Girth Meas.	Body Suit Size	T Shirt Size	Shorts Size	Shoe Size	Sock Size	Other	Other	Other
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2																									
3																									
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