(Office use only) _____ Date Entered _____
Customer # _____ Order # _____
Check # _____ Entered by _____
Check Amt. _____ Checked by _____

A WISH COME TRUE® PERFORMANCE WEAR
2530 Pearl Buck Road, Bristol, PA 19007
FAX 800-755-9360 PHONE 800-755-2248
www.awctperformancewear.com

AWCT® PERFORMANCE WEAR

PLEASE USE THIS SIDE OF THE ORDER FORM FIRST			CHILD AND ADULT SIZES					TOTAL CHILD & ADULT QTY.	UNIT PRICE	TOTAL CHILD & ADULT PRICE	EXTENDED SIZES				TOTAL EXTENDED SIZE QTY.	EXTENDED SIZE UNIT PRICE	TOTAL EXTENDED PRICE	TOTAL CHILD/ADULT & EXTENDED PRICE
STYLE #	COLOR #	NAME OF UNIFORM	MC	LC	SA	MA	LA				XLA	XXLA	3XLA	4XLA				
								CHILD & ADULT SIZE TOTAL										

All orders MUST include minimum 50% deposit. Uniforms NOT returnable.

EXTENDED TOTAL +	
CHILD & ADULT TOTAL +	
TOTAL UNIFORM ORDER =	
$25 CUT FEE + IF ORDERING 3 UNITS OR LESS	
UNIFORM SUB TOTAL =	
SHIPPING + TAXABLE	
6% PA SALES TAX + PA RESIDENTS ONLY	
GRAND TOTAL =	
50% DEPOSIT -	
BALANCE DUE =	

BILLING AND SHIPPING INFORMATION (PLEASE PRINT)

CUSTOMER#: (AS PRINTED ON BACK COVER OF CATALOG)_____

NEED BY DATE:_____

P.O. #:_____
(PURCHASE ORDERS ARE ACCEPTED FROM COLLEGES, HIGH, AND MIDDLE SCHOOLS ONLY.
NO BOOSTER PURCHASE ORDERS WILL BE ACCEPTED)

BILL TO

School/Unit Name_____

Your Name_____

Address_____

City_____ State_____ Zip_____

Cell phone #_____

School phone #_____

Email_____

□ **GO GREEN** Check box for email confirmation and UPS tracking #. Go paperless!

SHIP TO (IF DIFFERENT THAN BILL TO)

Recipient Name_____

Address_____

City_____ State_____ Zip_____

Ship to address is a: □ Business/School □ Residence

PAYMENT INFORMATION (PLEASE PRINT) PLEASE CHECK ALL BOXES THAT APPLY.

□ **ENTIRE BALANCE ENCLOSED (US FUNDS ONLY)**

□ CHARGE ENTIRE BALANCE TO MY CREDIT CARD

□ 50% CHECK OR MO DEPOSIT ENCLOSED, WHEN ORDER IS COMPLETE:

- □ CHARGE CREDIT CARD FOR BALANCE
- □ WILL SEND CHECK FOR BALANCE DUE (2 WEEKS TO CLEAR)

□ CHARGE 50% DEPOSIT TO CREDIT CARD, WHEN ORDER IS COMPLETE:

- □ CHARGE CREDIT CARD FOR BALANCE
- □ WILL SEND CHECK FOR BALANCE DUE (2 WEEKS TO CLEAR)

□ **BACK ORDER OK** □ **SHIP COMPLETE ONLY**

□ **SIGNED PO (MUST BE ATTACHED)**

CREDIT CARD INFORMATION

CREDIT CARD # VISA MasterCard DISCOVER AMERICAN EXPRESS

SECURITY CODE (PRINTED ON BACK OF CARD) **EXPIRATION DATE**

SIGNATURE **NAME ON CARD**

CREDIT CARD BILLING ADDRESS **CITY, STATE, ZIP**

AUTH. CODE (OFFICE USE ONLY) _____