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

Ship to address is a:

Business/School

Residence

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



										-	_							
PLEASE USE THIS SIDE OF THE ORDER FORM FIRST			CHILD AND ADULT SIZES					TOTAL CHILD & ADULT OTY.	UNIT PRICE	TOTAL Child & Adult	canceled. SPEC				TOTAL SPECIAL	SPECIAL SIZE UNIT	TOTAL SPECIAL	TOTAL CHILD/ADULT &
STYLE #	COLOR #	NAME OF UNIFORM	MC	LC	SA	MA	LA	a ADULI QII.		PRICE	XLA	XXLA*	3XLA*	4XLA*	SIZE QTY.	PRICE	PRICE	SPECIAL PRICE
All orders MUS	ST include	e minimum 50% depos	it. Unif	orms N	OT ret	urnabl	e.	CHILD 8 SIZE 1								SPECI/	AL TOTAL +	
	BILLING AM	ND SHIPPING INFORMATIO	N (PLEA	SE PRIN	T)			PAYMENT	INFORMATIO	DN (PLEASE PRINT) PL	EASE CH	ECK ALL	BOXES	THAT AF	PPLY.	CHIL	D & ADULT TOTAL +	
CUSTOMER#: (A	S PRINTED ON	BACK COVER OF CATALOG)						ENTIRE BAL	ANCE ENCL	OSED (US FUNDS ONLY	)					тота	UNIFORM	
NEED BY DATE:								CHARGE EN	ITIRE BALAN	ICE TO MY CREDIT CAF	D						ORDER =	
P.O. #:						<ul> <li>50% CHECK OR MO DEPOSIT ENCLOSED, WHEN ORDER IS COMPLETE:</li> <li>CHARGE CREDIT CARD FOR BALANCE</li> </ul>								\$25 IF ORDERING	CUT FEE + 3 UNITS OR LESS			
BILL TO							<ul> <li>WILL SEND CHECK FOR BALANCE DUE (2 WEEKS TO CLEAR)</li> <li>CHARGE 50% DEPOSIT TO CREDIT CARD, WHEN ORDER IS COMPLETE:</li> </ul>								UNI	FORM SUB Total =		
School/Unit Name						CHARGE CREDIT CARD FOR BALANCE								EQUIPMENT TOTAL + FROM EQUIPMENT ORDER FORM				
										CK FOR BALANCE DUE	-	S TO CLE	EAR)					
					C	BACK ORDER OK     SHIP COMPLETE ONLY     SIGNED PO (MUST BE ATTACHED)								TOTA UNIFORM				
Cell phone #							(	CREDIT CARD I								s	HIPPING + TAXABLE	
School phone #_							-	CREDIT CARD	#			1/	SA Master	DISCOVE	RAMERICAN	60/ DA SA	LES TAX +	
Email								SECURITY CO	DE (PRINTED ON	N BACK OF CARD)	RATION D		5A		DORESS		RESIDENTS ONLY	
GU GREEN (		r email confirmation and UPS			perless!											GRAN	D TOTAL =	
Recipient Name				-,			-	SIGNATURE		NAM	E ON CAR	D			—	50%	DEPOSIT -	
Address							.	CREDIT CARD	BILLING ADD	RESS	, STATE, ZI	Р			_			
City State Zip							_ 1	AUTH, CODE	OFFICE USE O	NIY)						BALAN	E DUE =	

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## EQUIPMENT ORDER FORM - PLEASE FILL OUT AND FAX BOTH FORMS IF ORDERING EQUIPMENT. ITEMS FROM DIFFERENT CATALOGS MUST BE ORDERED SEPARATELY.

STYLE #	COLOR #	ITEM DESCRIPTION (INCLUDE END CAP COLOR FOR FLAG POLES)	FLAG POLE LENGTH	GLOVE OR SHOE SIZE	TOTAL QTY	UNIT PRICE	TOTAL PRICE
				TOTAL PRICE =			

RIFLES AND FLAGS ARE SUBJECT TO ADDITIONAL SHIPPING CHARGES. CALL FOR PRICING.

IMPORTANT! Remember to add your equipment total to your uniform total on the front of the order form. You MUST complete the front of the order form even if you are only ordering equipment.

SCHOOL/UNIT NAME	
YOUR NAME	
PHONE #	

**TRANSFER AMOUNT TO OTHER SIDE** 

**OVERSIZE SHIPPING +** 

EQUIPMENT TOTAL =