



ORDER #

LEAF RACEWEAR™ FAX: 519-453-5460

CUSTOMER ORDER FORM

CUSTOMER INFORMATION

Date _____

Business or Club Name _____

Contact Name _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ FAX _____

BILLING INFORMATION

Bill To _____

Address _____ Address _____

City _____ State _____ Zip _____

Credit Card # _____ Exp. Date _____

Signature _____ 3 Digt Code: _____

SHIPPING INFORMATION

Address _____

Ship To _____ ATT: _____

Address _____

City _____ State _____ Zip _____

Ship Via **UPS** **Ground** **Next Day** **2nd Day** **3rd Day**

PRODUCT PURCHASE:

PRODUCT DESCRIPTION:

COST:

GRAND TOTAL:

JOB AUTHORIZATION

The customer has examined all information and forms enclosed. Please verify that all information is correct by signing and returning copy with your order. It is understood that any changes may affect cost and delivery. We further authorize  to use depictions of this design in promotional advertising.

Customer Signature _____ **Date** _____