

Account Number:						_ Sales Rep Code:					Date of Order:						
BILL TO								SHIP TO (FedEx cannot ship to a PO Box)									
Name:								☐ Same As Bill To									
Address:							Name:										
											Addr	ess: _					
Contact Pers	on:																
Phone Number:									Contact Person:								
Fax Number:									Phone Number:								
E-mail Addre	ss:																
PAYMENT ME	ETHOD (P	ayme	ent in	ı U.S.	dolla	ırs or	ıly)										
☐ Money Order or Check #:								☐ Customer Purchase Order #: (Must include a signed copy of purchase order before your order can be processed)									
Credit Card Information (All information is required)								USA ☐ MasterCard ☐ NOVUS Cards ☐ American									
Name on Car	d:									(Includes DISCOVER, EXPRESS Bravo, Private Issue)							
Phone #:								Card #:									
(If Different from Above) Billing Address:								Security Code:									
										Exp	iratio	n Dat	te: /				
Purchasing for:	☐ Gymnastio	cs 🚨 (Cheer										☐ Ship O	rder Complete	OK to Ship &	Back Order	
STYLE#	COLOR CODE	CHILD SIZE								ULT SIZES			MISC SIZES	TOTAL QUANTITY	UNIT PRICE	TOTAL	
		TD	XS	S	M	L	XL	XS	S	IVI	L	XL	31223	QO/ ((VIII)	TRICE		
SHIPPING METHODS															Shipping:		
☐ Standard Ground ☐ Expedited				☐ Priority Mail					☐ Standard International								
(1-5 Business	(2 Business Day) (3-5 days) □ Express □ Express Mail						:1						Sales Tax:				
☐ Select (3 Business Days)		☐ Express (1 Business Day)					Expr (2 day		ıalı	☐ Express International					Total:		
,																	