UNIFORM ORDER FORM



Full Name:	DENT DETAI	LS				
ORDER INFOR	RMATION					
DESCRIPTION:	COLOUR:	SIZE:	Logo	y/n:	Amount \$:	
PAYMENT METHOD please circle one			TOTAL \$:			
Bank Transfer	Direct Dep	osit	Cash Invoiced			
Office only Staff Member		Date	e Received			
Date Ordered		Date Collected				