



APRON ORDER FORM

Date _____ Sales Rep # _____ PO # _____

Customer _____

Department _____ Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Item # _____ Qty _____ Price \$ _____

Description _____

Prestige _____ StarLite _____ True Lite _____ Cost Cruncher _____

Prestige Ultra _____ StarLite Ultra _____ True Lite Ultra _____ Cost Cruncher Ultra _____

Male _____ Female _____ Size _____ Buckle Closure _____ Velcro Closure _____

Outside Color # _____ Inside Color # _____

Monogram #69999 Up/Lower _____ ALL CAPS _____ *Script* _____ Price \$ _____

Velcro Name Tag \$ _____

Line 1 _____ Thread Color _____

Line 2 _____ Thread Color _____

Embroidery Design #69991 Price \$ _____ Location _____

Name _____ ID # _____

Thyroid Shield # _____ Qty _____ Price \$ _____

Prestige _____ StarLite _____ True Lite _____ Cost Cruncher _____

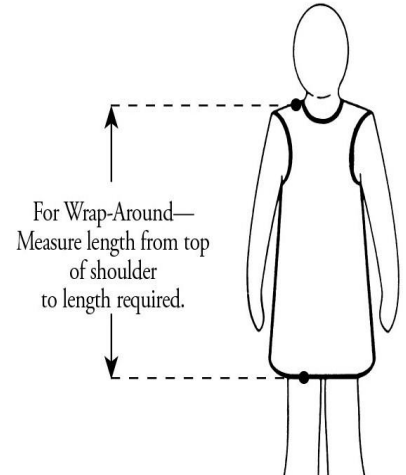
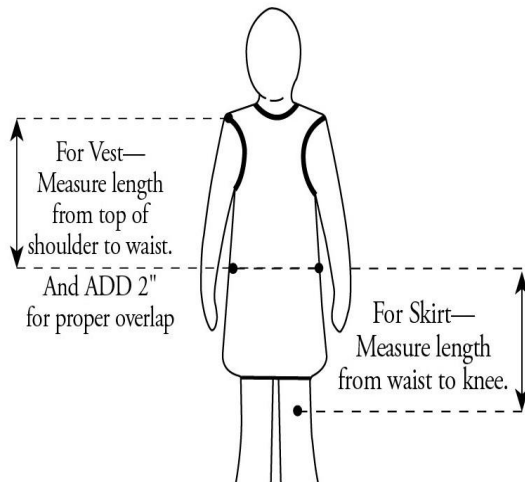
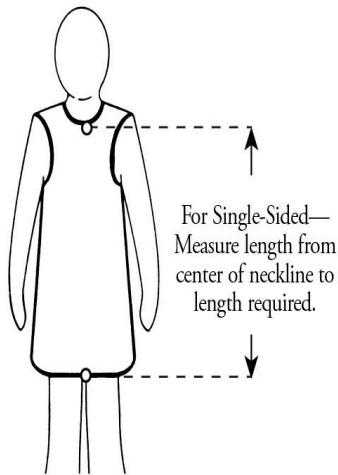
Outside Color # _____ Inside Color # _____ Velcro _____ Buckle _____

Monogram #69999 Up/Lower _____ ALL CAPS _____ *Script* _____ Price \$ _____

Line 1 _____ Thread Color _____

Line 2 _____ Thread Color _____

Name _____



Chest _____

Waist _____

Hips _____

Vest Length _____

Skirt Length _____

Apron Length _____

Special Instructions :

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