



Date _____ Sales Rep _____ PO# _____

Customer _____ SmartID Customer _____

Department _____ Contact _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ Email _____

Catalog # _____ Qty _____

Description _____

Eclipse ____ Scatter Sentry ____ Prestige ____ StarLite ____ True Lite ____

Frontal: _____ .50mm _____ .35 mm Wrap: _____ .50mm _____ .35mm

Male ____ Female ____ Size ____ Buckle Closure ____ Velcro Closure ____

Outside Color # _____ Inside Color # _____

Monogram #69999 Up/Lower ____ ALL CAPS ____ *Script* ____

Velcro Name Tag #69996

Line 1 _____ Thread Color _____

Line 2 _____ Thread Color _____

Embroidery Design #69991 Location _____

Name _____ ID # _____

Thyroid Collar # _____ Qty _____

Eclipse ____ Scatter Sentry ____ Prestige ____ StarLite ____ True Lite ____

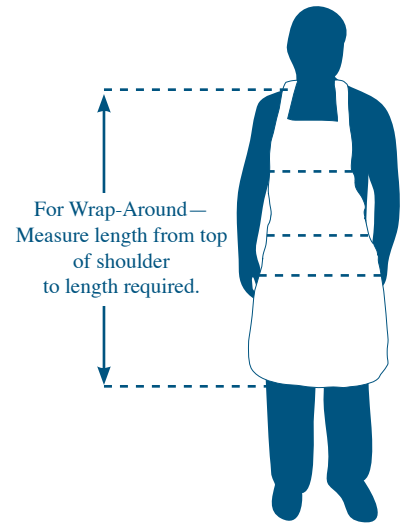
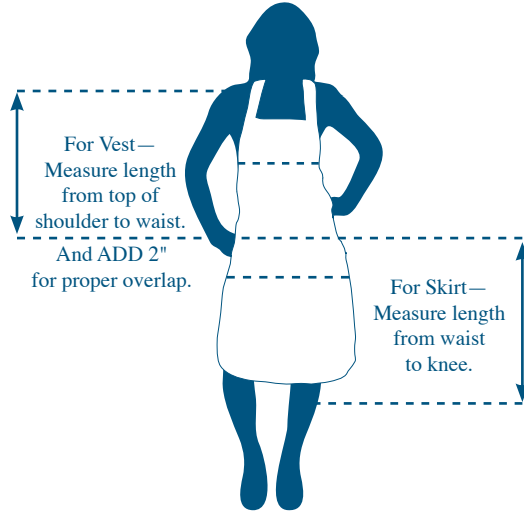
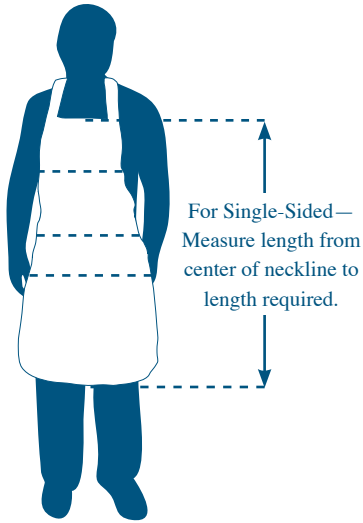
Outside Color # ____ Inside Color # ____ Velcro ____ Buckle ____ Magnet ____

Monogram #69999 Up/Lower ____ ALL CAPS ____ *Script* ____

Line 1 _____ Thread Color _____

Line 2 _____ Thread Color _____

Name: _____



Chest: _____

Vest Length: _____

Waist: _____

Skirt Length: _____

Hips: _____

Apron Length: _____

Special Instructions:

Accessories:

PLEASE INCLUDE THIS FORM WITH YOUR PURCHASE ORDER

Bar-Ray Products, Inc.
90 E. Lakeview Drive, Littlestown, PA 17340
Phone: 800-359-6115 Fax: 717-359-9109 Email: orders@bar-ray.com