## PURCHASE ORDER | SIGNATURE -MEN



## **ORDER STEPS**

SALES@ELITEXPRESSION.COM

STEP 1: PURCHASE ORDER FORM COMPLETED

- MUSIC

- SKATER PICTURE

- INSPIRATION (PICTURE OR DRAWING)

- STEP 2 : FULL PAYMENT (ADMINISTRATION@MAISON DU PATIN.COM)

- STEP 3: DESIGN & MEASURES

- STEP 4 & 5 : FITTING & DELIVERY

OPTION		DESIGN DETAILS	All options include fabric, fitting, hand beading, Swarovski crystal and headpiece	
SIGNATURE BY XPRESSION	350\$ 150\$	<ul><li>Basic top 350\$</li><li>Basic pants 125\$</li></ul>	Decorations 0\$ Decorations 0\$	
NSIS	500\$	• Basic 2 piece outfit 450\$	Decorations 50\$	
	750\$	Basic 2 piece outfit 450\$	Decorations 200\$	
HAUTE-COUTURE BY XPRESSION	750\$	• "Haute couture" 2 piece outfit 600\$	Decorations 150\$	
	850\$	• "Haute couture" 1 piece outfit 700\$	Decorations 150\$	
	950\$	• "Haute couture" 3 piece outfit 800\$	Decorations 150\$	
	1000\$	"Haute couture" Tuxedo look 950\$	Decorations 50\$	

Step 1   PURCHASE ORDER-	Send to sales@elitexpression.com
SKATER NAME	PARENT NAME
BILLING ADDRESS	COACH NAME
CITY	FSC
POSTAL CODE / ZIP CODE	CATEGORY
PROVINCE / STATE	AGE
COUNTRY	E-MAIL
TELEPHONE	CELLPHONE



- Step 2   PAYEM	Seria ic	aumms	tration@maisondu		
PRICE   125\$   300\$	500\$ 750\$	850		] 1000\$   1000\$ and mo	□ Visa re □ Mastercard □ Interact transfert (password: signatu
CARD HOLDER:	SIGNATURE:				
CARD #:		EXPIRY DA	ATE:	SECURITY	CODE
- Step 3   DESIGI	AI.				
- Step 5   DESIGI	V				
DESCRIPTION:					
COLORS :  FABRICS :	MUSI	IC TYPE :			
radnics.	ISOIN	CIIFL.			
- Step 3   MEASI	JRES				
IMPERIAL MEASUREMENTS (	(INCH)				
- WAIST (AROUND)		_	9-	HIPS (AROU	IND)
SHOULDER TO CROTCH		-	10-	CROTCH LENG	GTH
SHOULDER TO WRIST		-	11-	THIGH (AROU	ND)
- BICEP (AROUND)		-	12-	WAIST TO AN	KLE —
FOREARM (AROUND)		_	13-	SHOULDER TO AN	KLE
WRIST (AROUND)		_	14-	SHOULDER LEN	GTH
Y- NECK (AROUND)		15- SHOULDER TO SHOULDER (FRONT)			
CHEST (AROUND)	-	16- SH(	DULDER TO SHOULDI	ER (BACK)	
_	- Step 4	FITTING			
3 <sub>1</sub> 7 7 15 & 16	FITTING DATE: _			DELIVERY DATE: _	
4 8					
5 1	- Step 5	DELIVER			_
6 g J 10	PICK-UP AT TH	IE STORE	☐ DEL	IVERY	
11	NAME			SA	AME AS BILLING ADDRESS
	NAME				
7 7	STREET				CITY
	PROVINCE/STATE		COUNT	TDV	POSTAL CODE /ZIP CODE