

ROBE ORDER FORM

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BILL TO:

ORGANIZATION: _____
 NAME: _____
 TITLE: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 LOCATION PHONE # (_____) _____
 ALTERNATE PHONE # (_____) _____
 EMAIL ADDRESS: _____

TODAY'S DATE: ____/____/____ *(EXPECT 12 WEEKS FOR PRODUCTION)*

DATE NEEDED: ____/____/____ *All Orders Must Include a Signed Purchase Order, Credit Card, Check or Money Order to Process.*

CONCERT DATE: ____/____/____ *All Orders Must Include a Signed Purchase Order, Credit Card, Check or Money Order to Process.*

SHIP TO:

ORGANIZATION: _____
 NAME: _____
 TITLE: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 LOCATION PHONE # (_____) _____

PAYMENT:

Check Money Order    

NAME AS IT APPEARS ON CARD: _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CW SECURITY CODE: _____ EXPIRATION DATE: ____/____/____

ROBE ORDER INFORMATION *(Call for pricing on orders less than 25 pieces)*

QUANTITY	ROBE STYLE #	BODY FABRIC	BODY COLOR	ACCENT FABRIC	ACCENT COLOR	PIPING COLOR (FOR RB115)	UNIT PRICE	TOTAL

STOLE ORDER INFORMATION *(Call for pricing on orders less than 25 pieces)*

QUANTITY	STOLE STYLE #	SIDE A INSET FABRIC & COLOR	SIDE A ACCENT FABRIC & COLOR	SIDE B INSET FABRIC & COLOR	SIDE B ACCENT FABRIC & COLOR	PIPING COLOR (FOR S15)	UNIT PRICE	TOTAL

EMBROIDERY ORDER INFORMATION *(Call for pricing information)*

QUANTITY	LETTERING/CLIPART	EMBROIDERY DESCRIPTION	THREAD COLOR(S)	EMBROIDERY PLACEMENT	SETUP FEES	UNIT PRICE	TOTAL

SPECIAL INSTRUCTIONS:

PRODUCTION WILL NOT BEGIN WITHOUT THE FOLLOWING:

- Completed order form with sizes
- Date Needed
- 50% Deposit or signed PO
- Your approval signature

SUBTOTAL	_____
DISCOUNT	_____
S&H <small>(CALL FOR QUOTE)</small>	_____
TOTAL	_____

CUSTOMER SIGNATURE

Your signature above is your approval for production. Robes are custom items and can not be returned