

CAP & GOWN FORM



4 Easy Ways to Order - Phone: 1-855-719-4723 - Fax: 657-295-2221 - Email: hello@gradshop.net - Website: www.gradshop.com

Please note that the standard processing time for all bulk quantity orders & custom products is approximately 4 - 6 weeks. The processing times listed below

are based on in-stock products. Expedited processing is			
SHIPPING INFORM	ATION	PRIMARY CO	NTACT INFORMATION
Organization Type High Middle Elementary College	State Zip ax # !/University Early Childhood Religious Individual Business Other		acts ensures that we are able to stay in touch. Always provide at thout a valid email address your order cannot be processed!
SELECT PROCESSING TIME*	SELECT SHIPPING MET	THOD E	NTER REQUIRED DATES
3-4 Weeks (Custom Processing Time)	5-7 Days (Ground) 3 [Days (Select) In Hand Gradua	Month Day Year Date tion Date
HOW ORDER TIMING WORKS: PROCESSING TIME + SHIPPING DURATION = TOTAL DELIVERY TIME			
SELECT YOUR GOWN PACKAGE	ENTER GOWN S	ET DETAILS	CAP DETAILS
PACKAGE TYPE Cap Only Cap & Tassel Cap, Gown,	24 2'10" - 3'1" 7 27 3'2" - 3-5" 1 30 3'6" - 3'9" 1 33 3'10" - 4'1" 1 36 4'2" - 4'5" 1 39 4'6" - 4'8" 1 42 4'9" - 4'11" 1 45 5'0" - 5'2" 1 48 5'3" - 5'5" 1 51 5'6" - 5'8" 2 54 5'9" - 5'11" 2 57 6'0" - 6'2" 2 60 6'3" - 6'5" 3	- Adult	*FOR CAP ONLY OR CAP & TASSEL ORDERS ONLY Size Qty Child Teen/Adult Total Caps: ENTER FF GOWN DETAILS ORDER FULL-FIT GOWN SIZES BELOW PLUS SIZES ARE ONLY AVAILABLE IN SIZE45, 48, 51, 54, 57, & 63 Size Min. Weight Qty 45 180 LBS 48 180 LBS 51 270 LBS 51 270 LBS 54 270 LBS 57 270 LBS 60 X X 63 330 LBS 66 X X
Non-Stock Matte Colors May Cost \$2 Additional		CALE	Total Full-Fit:
PAYMENT INFORMATION (Please note order SELECT YOUR PAYMENT METHOD Credit Card Purchase Order Wire Tra Mail Check Fax Check Money (CREDIT CARD American Express Visa INFORMATION Discover Card Masterca	PAYMENT DETAIL PO # Check # Credit Card Number:	Salesperson Estimate #	S REP INFORMATION Savings Code
Your card will be authorized at time of order placement and charged upon shipment	Expiration Date: Signature Authorization:	CVV Code:	Billing Zip: