

SHIPPING INFORMATION

JR JUDGEROBES JUDGE ROBE ORDER FORM

PRIMARY CONTACT INFORMATION

4 Easy Ways to Order - Phone: 1-800-378-5354 - Fax: 1-657-295-2221 - Email: hello@judgerobes.com - Website: www.judgerobes.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 available. Additional fees may apply.

Organization Name					Primary Co	ontact	
Attention To:					Primary En	nail	
Street Adress 1					Billing Con	tact	
Street Adress 2					Billing Ema	ail	
City		State	Zip				
Telephone #		Fax #					
					(Please Note) Prov	riding multiple contacts ensures that v	we are able to stay in touch. Always provide at
							ail address your order cannot be processed!
SELECT PROCESSING TIME*		SELECT SHIPPING METHO			IOD	ENTER R	REQUIRED DATES
7-10 Days (Sta	ndard) 5 Days (Quick)	5-7 Days (G	round)	3 Da	ays (Select)	In Hand Date	Month Day Year
\$ 29.95 1 Day (Rush) FOR IN-STOCK ORDER ONLY		2 Day Air (Rush)				Need By Date	
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HOW ORDER TIMING WORKS: PROCESSING TIME + SHIPPING DURATION = TOTAL DELIVERY TIME

Please check those items you will be ordering

✓	ITEM DESCRIPTION
	CLASSIC JUDGE ROBE ●
	JUDICIAL JUDGE ROBE ●
	SUPREME JUDGE ROBE ★
	IMPERIAL JUDGE ROBE ★
	CAMBRIDGE JUDGE ROBE ★
	DELUXE JUDGE ROBE ★
	PLYMOUTH JUDGE ROBE ★
	GARMENT BAG ●

- In-Stock (Ready to Ship)
- ★ Custom (Ships within 14 Bus Days)

	ENTER ROBE SET DETAILS
PLEA	SE PRINT ALL INFORMATION
NAM	IE .
HEIC	FT IN LBS GHT WEIGHT
HEIC	an i Weigh i
CHE:	IN IN IN IN ST SLEEVE LENGTH WAIST
	(LEFT, RIGHT, BOTH) \$ 9.95 each KET SLIT
	IN IN
ROBE	ELENGTH NEEDED SHOULDER WIDTH
	COMMENTS

PAYMENT INFORMATION (Please note orders will not ship until paid in full)			PRIOR QUOTE DETAILS		
SELECT YOUR PAY Credit Card Mail Check	MENT METHOD Purchase Order Fax Check	Wire Transfer Money Order	PAYMENT DETAIL PO # Check #	Salesperson Estimate #	Savings Code
	American Express Discover Card be authorized at time of and charged upon shipm		Credit Card Number: Expiration Date: ignature Authorization:	CVV Code:	Billing Zip:
			Name on Card:		