

Date: _____

CUSTOMER NUMBER	
SALES ORDER NUMBER	

7534 Atlantic Blvd. • P.O. Box 8988 • Jacksonville, Florida 32239-0988 • (800) 826-8612 • (904) 724-3500 • Fax: (904) 721-1444

ORDER AND MEASURE FORM

CHURCH OR GROUP:
ADDRESS:
CITY/STATE/ZIP:
PHONE NUMBER:
ORDERED BY:
HOME PHONE NUMBER
DAYTIME PHONE NUMBER

SHIP TO:
ADDRESS: (Must have street address for all C.O.D. orders.)
CITY/STATE/ZIP:
HOME PHONE NUMBER:
DAYTIME PHONE NUMBER:
IS THIS A RE-ORDER?
REQUESTED SHIP DATE:

Method of Payment

CASH, MONEY ORDER, CASHIER'S CHECK  (13 or 16 digits)  (16 digits)

Credit Card # Exp. Date: - CID/Card Code:

Terms: A 25% deposit should accompany your order. Payable by cash, money order, cashier's check, Visa or Master Card. If full payment accompanies your order, we pay regular postal or freight charges. Balance due C.O.D. Payable by (cash, money order, cashier's check.)

	QTY.	STYLE	FABRIC	PAGE NUMBER	PRICE EACH	TOTAL
ROBES						
STOLES						
MISC.						

	QTY.	LETTER/SYMBOLS	PLACEMENT	COLOR	PRICE	TOTAL
MONOS			<i>Show Placement of Monograms & Symbols on Page 4</i>			

ATTACH ROBE FABRIC & COLOR HERE	ATTACH ROBE TRIM FABRIC & COLOR HERE	ATTACH STOLE FABRIC & COLOR SIDE ONE & TWO HERE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>TOTALS FROM ABOVE</td> <td></td> </tr> <tr> <td>TAX I.D. NUMBER</td> <td></td> </tr> <tr> <td>DEPOSIT</td> <td></td> </tr> <tr> <td>BALANCE DUE</td> <td></td> </tr> </table>	TOTALS FROM ABOVE		TAX I.D. NUMBER		DEPOSIT		BALANCE DUE	
TOTALS FROM ABOVE											
TAX I.D. NUMBER											
DEPOSIT											
BALANCE DUE											

*Be Sure All Necessary Information Is Completed !
Please Allow 6-8 Weeks for Delivery*

PLEASE SELECT ONE:

1) STANDARD HEM (8-10 INCHES FROM FLOOR).

YES, Standard hem.

NO, prefer _____ inches from floor.

TO ENSURE PROPER FIT THE FOLLOWING INFORMATION MUST BE COMPLETE. FAILURE TO GIVE ALL INFORMATION, MAY DELAY YOUR ORDER.

1) HEIGHT (Top of head to floor).

2) CHEST

3) WEIGHT

ALL INFORMATION MUST BE COMPLETED OR IT MAY DELAY YOUR ORDER

	SEX M / F	NAME	CHEST	HEIGHT (Top of Head to Floor) Feet & Inches	WEIGHT	PLEASE DO NOT WRITE IN THIS SPACE
1.				ft. in.		
2.				ft. in.		
3.				ft. in.		
4.				ft. in.		
5.				ft. in.		
6.				ft. in.		
7.				ft. in.		
8.				ft. in.		
9.				ft. in.		
10.				ft. in.		
11.				ft. in.		
12.				ft. in.		
13.				ft. in.		
14.				ft. in.		
15.				ft. in.		
16.				ft. in.		
17.				ft. in.		
18.				ft. in.		
19.				ft. in.		
20.				ft. in.		
21.				ft. in.		
22.				ft. in.		
23.				ft. in.		
24.				ft. in.		
25.				ft. in.		
26.				ft. in.		
27.				ft. in.		
28.				ft. in.		
29.				ft. in.		
30.				ft. in.		

(CONTINUE ON NEXT PAGE — MAKE COPIES OF THIS FORM AS NEEDED)

EXTRAS — We suggest ordering extra units to allow for future growth in your choir membership and to insure true color consistency. Simply mark these as "EXTRAS" and estimate the sizes needed.

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PLEASE SELECT ONE:

1) STANDARD HEM (8-10 INCHES FROM FLOOR).

- YES, Standard hem.
- NO, prefer _____ inches from floor.

TO ENSURE PROPER FIT THE FOLLOWING INFORMATION MUST BE COMPLETE. FAILURE TO GIVE ALL INFORMATION, MAY DELAY YOUR ORDER.

- 1) **HEIGHT** (Top of head to floor).
- 2) **CHEST**
- 3) **WEIGHT**

ALL INFORMATION MUST BE COMPLETED OR IT MAY DELAY YOUR ORDER

	SEX M / F	NAME	CHEST	HEIGHT (Top of Head to Floor) Feet & Inches	WEIGHT	PLEASE DO NOT WRITE IN THIS SPACE
31.				ft. in.		
32.				ft. in.		
33.				ft. in.		
34.				ft. in.		
35.				ft. in.		
36.				ft. in.		
37.				ft. in.		
38.				ft. in.		
39.				ft. in.		
40.				ft. in.		
41.				ft. in.		
42.				ft. in.		
43.				ft. in.		
44.				ft. in.		
45.				ft. in.		
46.				ft. in.		
47.				ft. in.		
48.				ft. in.		
49.				ft. in.		
50.				ft. in.		
51.				ft. in.		
52.				ft. in.		
53.				ft. in.		
54.				ft. in.		
55.				ft. in.		
56.				ft. in.		
57.				ft. in.		
58.				ft. in.		
59.				ft. in.		
60.				ft. in.		

(CONTINUE ON NEXT PAGE — MAKE COPIES OF THIS FORM AS NEEDED)

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MONOGRAM INSTRUCTIONS

- Please Use The Appropriate Drawing to show placement of your monograms.
- Color of Monogram or Symbol _____
- Monogram (Please List Letters) _____

ROBE STYLE: _____ ROBE STYLE: _____ ROBE STYLE: _____
FRONT FRONT FRONT



RIGHT side as worn LEFT side as worn

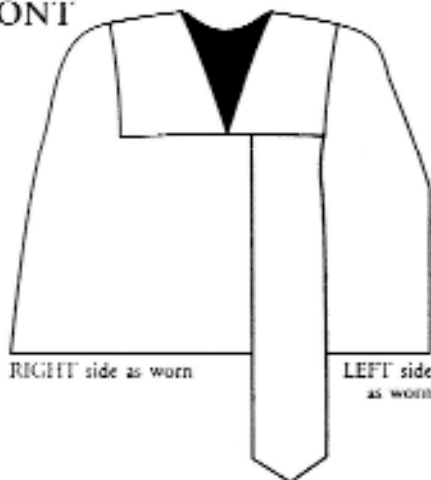


RIGHT side as worn LEFT side as worn

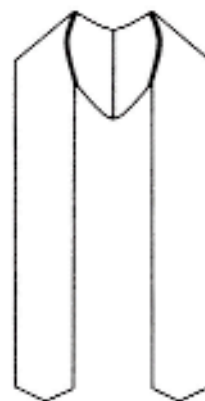
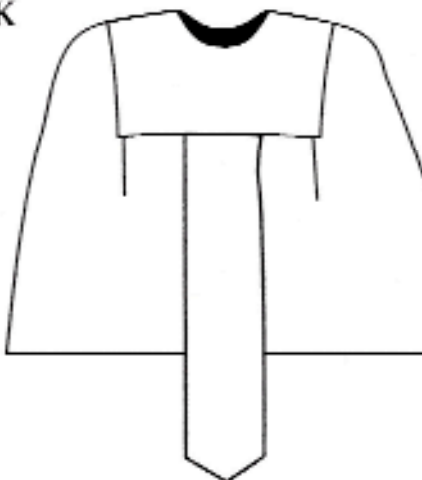


RIGHT side as worn LEFT side as worn

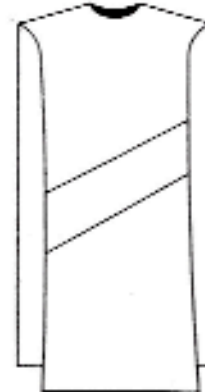
ROBE STYLE: _____ ROBE STYLE: _____
FRONT BACK



RIGHT side as worn LEFT side as worn



STOLE STYLE: STOLE STYLE: STOLE STYLE: OVERLAY



Please allow 6 - 8 weeks for completion of robes after ALL information is received correctly.

Be sure to complete all information on the order form to assure prompt service.
THANK YOU FOR CHOOSING REGENCY CAP & GOWN