Fax: 651-636-3090 Bill To: Ship To: Home Phone: Work Phone: Account # P.O. # Ship Via / Ship Date Terms Date **BODYWEAR & LEGWEAR SALES ORDER FORM** Credit Card Info Visa Master Card Other Card # Signature Exp. Date CHILDREN ADULT JT S/I M/L 0 T/P C M/L A/B C/D T S M A В D Style # Color Quantity P/S S M L XL XXL S/M L/XL JT S/I M/L T/P M/L A/B C/D T S M В C Α D Style # Color Quantity P/S S XXL S/M L/XL M XL