



TributeNight™ Hand Order Form **L**

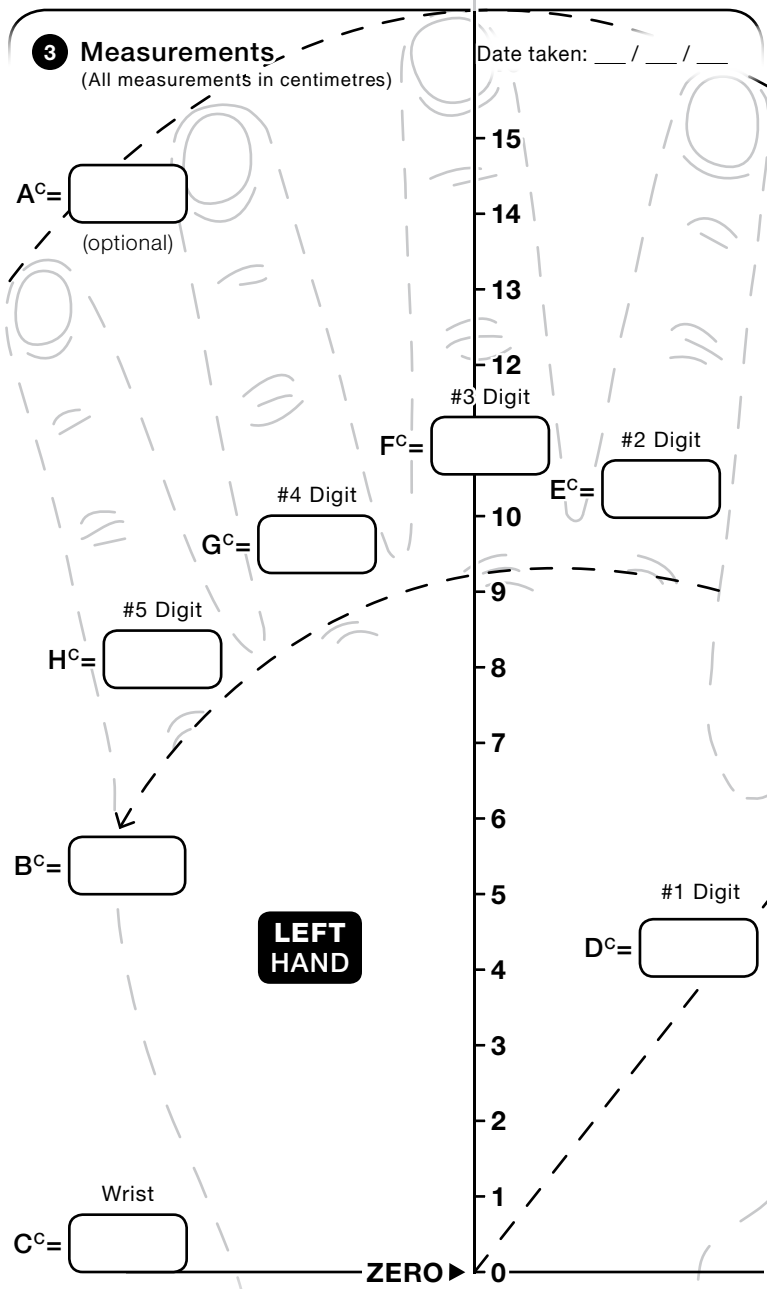
1 Client and Fitter Information

Client Name: _____ Phone #: _____ Age: _____ Height: _____ Weight: _____
 Fitter Name: _____ Phone #: _____ Email: _____

3 Measurements

(All measurements in centimetres)

Date taken: ___/___/___



2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Colour Black Navy Purple
Red Teal Pink

Modifications

QTY.	Notes/Placement Instruction
___ Zipper(s)	_____
___ VELCRO® fastener	_____
___ Closure	_____
___ Adjustable panels	_____

Accessories

Outer Jacket (OJ)
 Color: Black Navy Purple Red Teal Pink
 Fastener: VELCRO® Snap

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Acct# _____
 Contact Name: _____
 PO# _____

5 Shipping Information

Shipping: Standard (7-10 Business Days)
 RUSH Requested Deliver by Date: _____

Ship to: _____
 Attn: _____
 Street: _____
 City: _____ Prov: _____ PC: _____
 Phone: _____
 Email (shipping notification): _____