

# Order Form

Hospital: \_\_\_\_\_ Dept./ Ext. \_\_\_\_\_

Care Wear Uniforms, Inc.  
 3600 Sunrise Blvd  
 Rancho Cordova, CA 95742  
 916-737-5747 Toll Free 877-983-8062 Fax 916-737-5797 www.CareWearUniforms.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

	<u>Qty.</u>	<u>Brand</u>	<u>Stock #</u>	<u>Color/code</u>	<u>Size</u>	<u>Comments</u>
<u>1</u>						
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						
<u>6</u>						
<u>7</u>						
<u>8</u>						

**Total:** \_\_\_\_\_ **Tax:** \_\_\_\_\_ **Subtotal:** \_\_\_\_\_ **Total Due:** \_\_\_\_\_

**Exchange policy:** You may exchange for a different size or color as long as it has not been **WORN** (other than for fitting purpose), not **WASHED** and still has tags on it. You (the customer) are responsible for all shipping expenses for any exchanges. If for some reason we are unable to exchange items you (customer) is responsible for shipping charges back.

For questions call: 1 (877)-983-8062

**Refund policy:** Two weeks with receipt, and in resalable condition.

**Shipping Policy:** All orders will be shipped Priority Mail unless method is specified prior to placement of the order.

Estimated Time for Delivery \_\_\_\_\_ Check here if order is paid \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Office use only Paid by:

CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CHECK \_\_\_\_\_ PAYROLL DEDUCTION \_\_\_\_\_