



# Customer Order Form

7130 - 52nd Way North  
Pinellas Park, FL 33781

Mobile: 727-667-7180  
Fax: 727-547-9635  
Web: www.caregiverscrubs.com

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Mailing Address :  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**SHIP TO:**  
 **CHECK IF SAME AS BILLING ADDRESS**

Shipping Address:  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

FOR OFFICE USE ONLY	
Purchase Order #:	_____
Vendor ID:	_____

QUANTITY	ITEM	UNITS	DESCRIPTION	SIZE	COLOR/ PRINT	UNIT PRICE	TOTAL

Standard Shipping (4-7 days):  
1 pieces \$6.00  
Each additional piece \$1.00  
Rush Shipping: \$15.00

*Returns will only be accepted for defective new garments or shipping inaccuracies. ALL RETURNS MUST NOT BE WASHED OR WORN. THEY MUST BE IN ORIGINAL PACKAGE AND SELLABLE CONDITION. All returns will be credited to account. There will be a 20% restocking charge on group orders.*

<b>Subtotal</b>	
<b>Tax</b>	
<b>Shipping</b>	
<b>Miscellaneous</b>	
<b>Balance Due</b>	

Method of Payment:            Check#: \_\_\_\_\_  
  Visa Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
  Mastercard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize payment to Caregiver Scrubs.

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