Order Date: _____ Client Order No:_____

Uniforms Plus (Internal Order Numbers):_____

_____

ABN: 15 099 309 921

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____ Suburb: _____ Post Code:_____ State:_____

PHONE_____FAX_____MOBILE_____

EMAIL:_____

QUOATION REQUEST/ ORDER FORM

BRAND	CODE	GARMENT DESCRIPTION	SLEEVE	COLOUR	SIZE	QTY	LOGO (Y or N)

LOGO INSTRUCTIONS

EMBROIDERY (Y or N) ☐ **SCREEN PRINTING (Y or N)** ☐

(minimum qty 10)

LOGO NAME: _____ **NEW OR REPEAT (Please Circle)**

(IF NEW, JPEG OF LOGO DESIGN REQUIRED – SET UP FEES APPLY)

POSITION: _____ **COLOUR:** _____

DELIVERY INSTRUCTIONS

COLLECT ☐ **SEND** ☐ **(FREIGHT CHARGES APPLY)**

Fax form to: 08 8285 8311 or email to Sales@uniformsplus.com.au