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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Order Form** | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Phone: | | | | | Date: | | |
|  | | | | | | | |
| Payment Method | | | | | Check No. | | |
|  | | | | |  | | |
|  | | | | | | | |
| Qty | Size | Color | Men’s or Women’s | Zipper Location Description | | Unit Price | Line Total |
|  |  |  |  |  | |  |  |
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|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
|  | | | | | | Subtotal |  |
| Shipping | $12.05 |
| Total |  |

Thank you for your business!

Hemowear, LLC PO Box 36, Adel, OR 97620

1-888-836-4366 / hemowear.com

hemowear@gmail.com