|  |
| --- |
|  **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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Subtotal |  |
| Shipping | $12.05 |
| Total |  |

Thank you for your business!

Hemowear, LLC PO Box 36, Adel, OR 97620

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