



FAX: 843-438-4819
www.AwesomeRacewear.com



PRODUCTION LEAD TIME: _____
LEAD TIME IS JUST A TIME FRAME NOT AN EXACT DATE:

CUSTOMER ORDER FORM

CUSTOMER INFORMATION

Date _____

Business or Club Name _____

Contact Name _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ FAX _____

BILLING INFORMATION

Bill To _____

Address _____ Address _____

City _____ State _____ Zip _____

Credit Card # _____ Exp. Date _____

Signature _____ 3 Digit Code: _____

SHIPPING INFORMATION

Address _____ ATT: _____

Ship To _____

Address _____

City _____ State _____ Zip _____

Ship Via **UPS** **Ground** **Next Day** **2nd Day** **3rd Day**

PRODUCT PURCHASE:

PRODUCT DESCRIPTION:

COST:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GRAND TOTAL:

POLICY: THERE ARE NO REFUNDS ON CUSTOM PRODUCTS ONCE ORDER IS PLACED.
ALL SALES ARE FINAL / NO REFUNDS

JOB AUTHORIZATION

The customer has examined all information and forms enclosed. Please verify that all information is correct by signing and returning copy with your order. It is understood that any changes may affect cost and delivery. We further authorize  to use depictions of this design in promotional advertising.

Customer Signature _____ Date _____