

PRAISE HYMN FASHIONS LADIES' ORDER FORM

Customer# _____
 Name _____
 Shipping Address _____

 Contact _____
 Phone _____ Fax _____
 Email _____

*Date Ordered _____ By _____ Order I.D. _____
 Due Date _____ Performance Date _____
 Tax I.D./P.O. Number _____
 Billing Address _____

OFFICE USE ONLY

Initial: Logged _____ Invoiced _____
 Changed _____ Date Changed _____
 Changed Logged _____ Changed Invoice _____

Style & Color	2 XXS	3/4 XS	5/6	7/8 S	9/10	11/12 M	13/14	15/16 L	17/18	20 XL	22 1XL	24 2XL	26 3XL	28 4XL	30 5XL	Special	#Total Pieces	X Price	Total \$

Metro 1 ___ Metro 2 ___ Church ___ School ___ Sweet Adeline ___ Other Group ___ Misc. ___ What Conference? _____ + Freight _____ Total Invoice _____

Credit Card Type (Circle One): VISA MC AMEX Number on Card: _____ Exp Date _____ Code _____

Name on Card: _____ Address: _____

Comments: _____
