

JOSEPHINE SASSO

ORDER FORM

DUE DATE: _____

Suburban Square 37 Coulter Avenue, Ardmore, PA 19003 Tel(610)658-9022 Fax(610)658-9033

INVOICE # SALESPERSON

MO DAY YEAR B W H

LAST NAME FIRST NAME

ADDRESS

CITY STATE ZIP CODE

PHONE H. PHONE W.

METHOD OF PAYMENT CHECK OR MONEY ORDER CASH VISA/MASTERCARD BARTER/TRADE

VISA/MC EXP.

TAKEN

STOCK #	STYLE #/	COLOR	COLOR	TRIM	COLLAR	ORDER #	SLEEVE	FABRIC	SELF	LINING	BUTTON	CUFFS	SIZE	PRICE
1														
								alt.						
2														
								alt.						
3														
								alt.						
4														
								alt.						
5														
								alt.						
6														
								alt.						
7														

ALL SALES ARE FINAL

SHIPPING

ITEMS WILL BE DELIVERED VIA UPS TO THE ABOVE ADDRESS UNLESS OTHERWISE ARRANGED. BECAUSE THE CLOTHING IS MADE TO ORDER EXCHANGES FOR COLOR, FABRIC, OR STYLE CANNOT BE ACCEPTED. EXCHANGES WILL ONLY BE MADE IN THE CASE OF A MANUFACTURER ERROR. AS OUR MERCHANDISE IS SOLD IN XS, S, M, L, XL SIZES, MANY OF OUR CUSTOMERS CHOOSE FOR A CUSTOM FIT. PLEASE NOTE SKIRT LENGTHS COME THE LENGTH INDICATED IN THE CATALOGUE. LENGTHS VARY BY SKIRT STYLE. PLEASE REFER TO YOUR CATALOGUE TO KNOW THE YOUR SKIRT WILL BE SHIPPED.

CUSTOMER SIGNATURE _____

TAX

TOTAL
