Academic Cap & Gown

20644 Superior St. • Chatsworth, CA 91311 (818) 886 - 8697 • (800) 626 - 5000 FAX (818) 886 - 8743 • www.academicapparel.com

ORDER FORM

 $Keeper^{\tiny{(\!\!R\!\!)}}$

Quantity	Color	Fabric	Price Each	Qty X Price					
				CA Sales Tax Shipping Grand Total					
With acceptance of this order at Academic's factory, prices are guaranteed through graduation									
Account Na	ame:		Contact:						
Address Li	ne :		FAX:						
City, State,	Zip:		Measurement Date: Delivery Date:						
Cap : Elastic back (one size fits all) or sized cap (requires head measurement).									
Collar color: White Gold Tassel Colors: Special Instructions:									
Special IIIs									
Our terms of sale are Net 30 after the final invoice is issued. Please note that a finance charge of 1.5% per month which is 18% per annum will be charged on the unpaid balance of past due accounts. Customer agrees to pay reasonable attorney's fees and other costs of collection.									
Customer		Salesman							
Signature: _		Signature:	Dat	e:					

ACADEMIC CHOIR APPAREL / ACADEMIC CAP & GOWN

Credit Card Authorization Release

I the undersigned of,					
`	(Print your name, your company name or the School Name, if this is a purchase by a school)				
agree to have my credit card	d charged at Academic Choir Apparel / Academic				
Cap & Gown. This credit ca	ard will be used for the authorized purchases				
as it appears on my order fo	orm. I understand that my order will not be				
processed until this has been	received by Academic.				
Credit Card Billing Address (NOT YOUR BANK ADDRESS)	Signature				
	Print Name				
	Type Of Credit Card				
V-code: Last 3 numbers on the back of your card.	Credit Card Number				
	Expiration Date				
	Amount To Be Charged Today's Date				

Please FAX to: (818) 886-8743 or mail to:

Academic Choir Apparel &/or Academic Cap & Gown 20644 Superior Street. Chatsworth, CA 91311

Keeper - Graduation Robes

Measurement Form
[(This form to be kept by you for gown disbursement after your order arrives)]
Print your School Name with City & State

Indicate students outside average size range with an asterisk* and explain on the back of this form eg. Weight, Wheelchair, etc.

Student Name	Height	Weight	Student Name	Height	Weight
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		