



## THE SPORTS LETTERING COMPANY

*Where hockey goes to look GOOD!*

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sales@sportsletteringcompany.com

### ORDER FORM

#### BILLING INFORMATION:

First and Last Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:

PLEASE CHECK HERE IF SAME AS BILLING INFORMATION

#### SHIPPING INFORMATION:

Recipient's Name:

Address:

City:

Province:

Postal Code:

Phone Number:

### JERSEY INFORMATION

Team	Jersey Colour			Jersey Size	
	Home <input type="checkbox"/>	3rd <input type="checkbox"/>	Winter Classic <input type="checkbox"/>		
Away <input type="checkbox"/>	Retro <input type="checkbox"/>	Other: _____			
Player's Name	Player's Number		Alternate 'A'	Captain 'C'	
			<input type="checkbox"/>	<input type="checkbox"/>	

SPECIAL INSTRUCTIONS:

### CREDIT CARD INFORMATION

CARD TYPE:	NUMBER:	EXP (MM/YY):
BUYER'S SIGNATURE: X_____	DATE: X_____	

*Thank you for your business!*