THE SPORTS LETTERING COMPANY

Where hockey goes to look GOOD!

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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 ☐	3rd ☐	Winter Classic ☐		
	Away ☐	Retro ☐	Other: _____		
Player's Name	Player's Number			Alternate 'A'	Captain 'C'
				☐	☐

SPECIAL INSTRUCTIONS:

CREDIT CARD INFORMATION

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

Thank you for your business!