

Purchase Order No. (If Applicable):

CONTACT INFO			
Customer / Business Name:		Contact Name:	
Email Address:	Phone:	Fax:	
Billing Address:	City:	State:	Zip:
Shipping Address (if different from billing address):	City:	State:	Zip:

ORDER INFO		
Please note any critical info that must remain on gloves:		
Should your items fail, would you like replacements automatically shipped to you using the same purchase number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> CALL ME

OF GLOVES BEING TESTED

		SIZE				
		7	8	9	10	11
CLASS	00					
	0					
	1					
	2					
	3					
	4					

OF SLEEVES BEING TESTED

		SIZE			
		S	R	L	XL
CLASS	0				
	1				
	2				
	3				
	4				

OF BLANKETS BEING TESTED

		DETAILS			
		#	Style	Size	Color
CLASS	0				
	2				
	3				
	4				

TELEPHONE
480-264-3452

WEBSITE
glovetesting.com

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