CARGO/STATION PANT ORDER FORM

BILL TO

FD Name: _____

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Fax: _____

E-Mail: _____

Invoice Sent: Yes No Fax/E-Mail/Phoned/Mailed

SHIP TO

FD Name: _____

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

FAHRENHEIT

OFFICE USE ONLY

Order#: _____

Date: _____

Ship Via: PO#: Date Needed:

*Package Deal: Y / N (*minimum 10 pants & 10 shirts) SAMPLES: YES / NO

STYLE	28 WAIST	30	32	34	36	38	40	42	44	46	48	50	52	54	56
CARGO REG WAIST PCR	Inseam														
STATION REG WAIST PSR															
CARGO COMFORT WAIST PCCW															
STATION COMFORT WAIST PSCW															