



ORDER FORM FOR RICKER WEAR

ITEM	QUANTITY	RIGHT CHEST NAME	GRAD YEAR	SIZE	COST
1.					
2.					
3.					
4.					
5.					

SUB TOTAL

Me. Sales Tax @ 5%

If total is 0 to \$100.00, add \$9.00, it over \$100.00 add 9%

Shipping

TOTAL

NAME _____

SHIPPING ADDRESS (NO PO BOXES) _____

STATE _____ ZIP _____

PHONE _____

E-MAIL _____

PAYMENT: CHECK _____ OR
CREDIT CARD

Card type MC ___ Visa ___ Card Number _____ Exp. Date _____

Name on card _____

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