

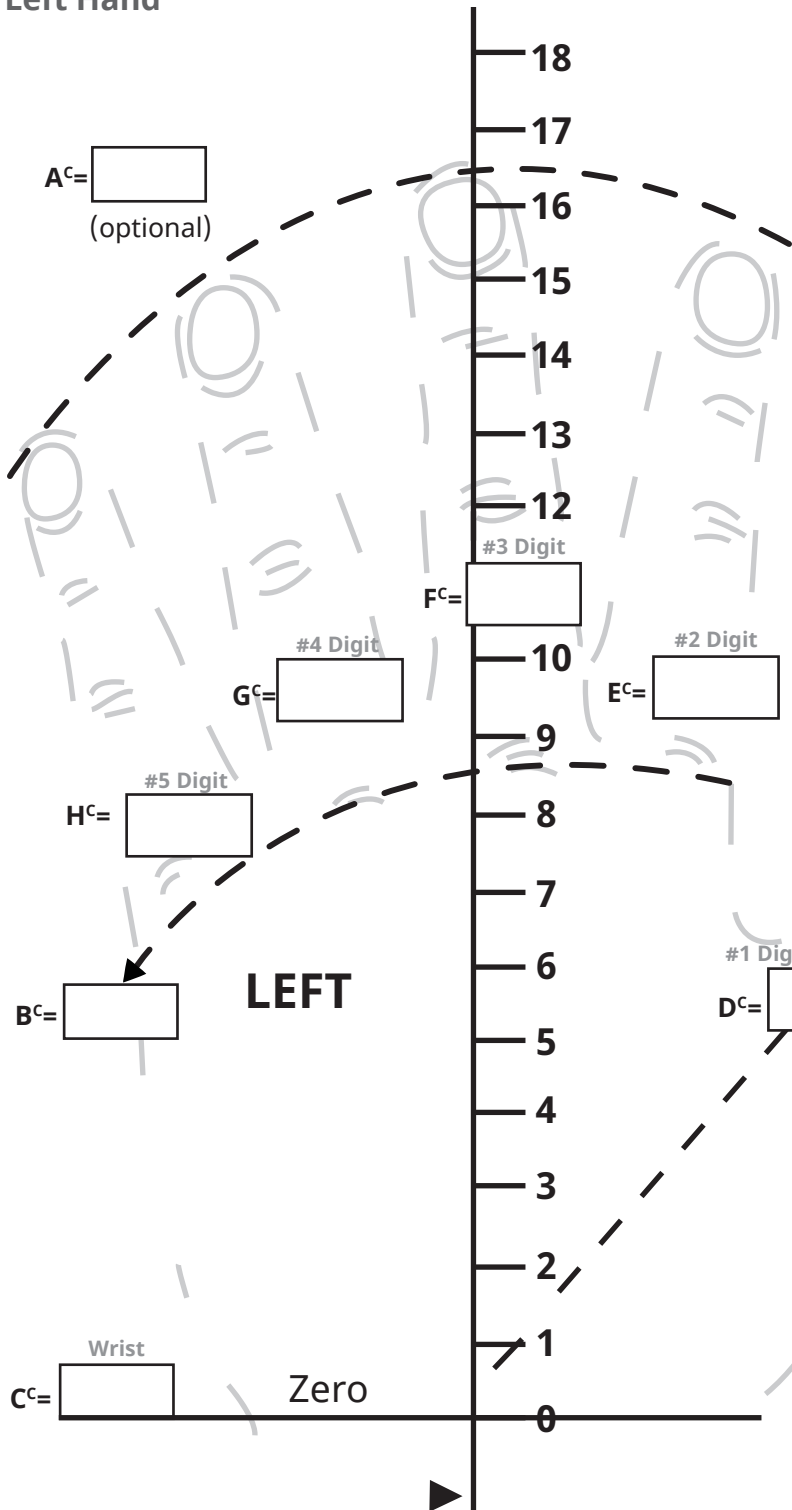
# TributeNight™

## Hand Order Form

### Left Hand

Fax completed order form to (414) 892-4150. L&R USA INC. will fax a quote confirming your order and cost. Questions? Call Custom Design Center at (414) 892-5158.

**Please Measure in Centimeters**



Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



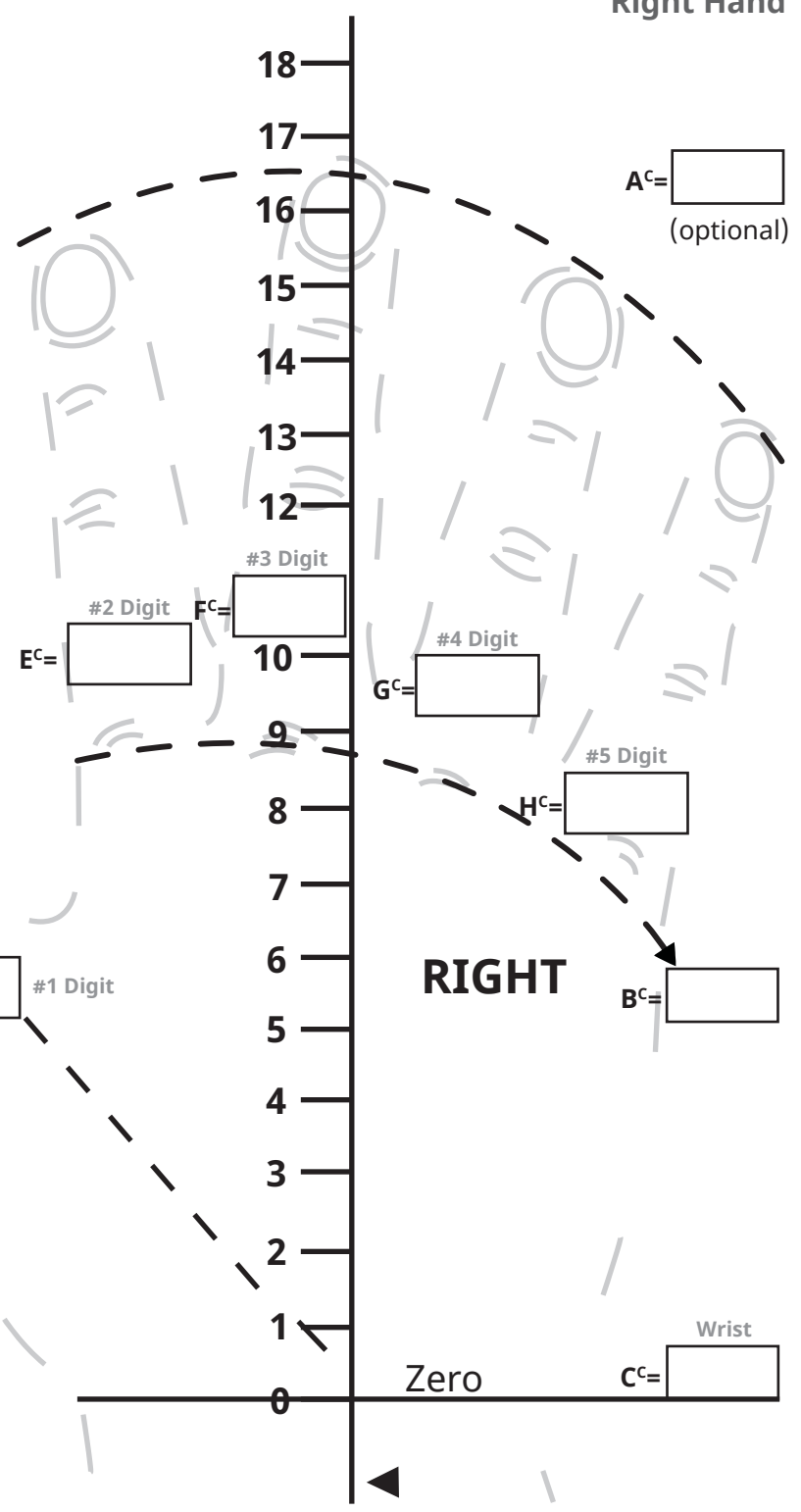
|  |                                |       |
|--|--------------------------------|-------|
| <b>SHIP TO:</b>  |                                |       |
| Attn: _____  |                                |       |
| Street: _____  |                                |       |
| City: _____  |                                |       |
| State: _____   | Zip: _____                     |       |
| Telephone: _____   |                                |       |
| Fax: _____   |                                |       |
| <b>BILL TO:</b>  |                                |       |
| Attn: _____  |                                |       |
| Street: _____  |                                |       |
| City: _____  |                                |       |
| State: _____   | Zip: _____                     |       |
| Telephone: _____   |                                |       |
| Fax: _____   |                                |       |
| Account # _____  |                                |       |
| <input type="checkbox"/> PO # _____  |                                |       |
| <input type="checkbox"/> CC # _____ Exp ___ / ___  |                                |       |
| If we have a question, whom should we contact? _____   |                                |       |
| Contact Phone #: _____   |                                |       |
| Client Name or Order Reference #: _____  |                                |       |
| DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____  |                                |       |
| Age _____ Height _____ Weight _____  |                                |       |
| <b>For L&amp;R Internal Usage:</b>   |                                |       |
| QTY  | UNIT                           | PRICE |
|  | Garment Code: UE-              |       |
|  | Outer Jacket                   |       |
|  | Zipper                         |       |
|  | Velcro                         |       |
|  | Priority Production Fee (\$40) |       |
| <b>Fabric Option</b>   |                                |       |
| TributeNight:  |                                |       |
| <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal |                                |       |
| Outer Jacket:  |                                |       |
| <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal |                                |       |
| <b>Shipping</b>  |                                |       |
| <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> O/Ngt                      |                                |       |
| <b>TOTAL:</b>  |                                |       |

Fax completed order form to (414) 892-4150. L&R USA INC. will fax a quote confirming your order and cost. Questions? Call Custom Design Center at (414) 892-5158.

# TributeNight™ Hand Order Form Right Hand

**Please Measure in Centimeters**

|  |                                |       |
|--|--------------------------------|-------|
| <b>SHIP TO:</b>  |                                |       |
| Attn: _____  |                                |       |
| Street: _____  |                                |       |
| City: _____  |                                |       |
| State: _____   | Zip: _____                     |       |
| Telephone: _____   |                                |       |
| Fax: _____   |                                |       |
| <b>BILL TO:</b>  |                                |       |
| Attn: _____  |                                |       |
| Street: _____  |                                |       |
| City: _____  |                                |       |
| State: _____   | Zip: _____                     |       |
| Telephone: _____   |                                |       |
| Fax: _____   |                                |       |
| Account # _____  |                                |       |
| <input type="checkbox"/> PO # _____  |                                |       |
| <input type="checkbox"/> CC # _____ Exp. / _____   |                                |       |
| If we have a question, whom should we contact? _____   |                                |       |
| Contact Phone #: _____   |                                |       |
| Client Name or Order Reference #: _____  |                                |       |
| DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____  |                                |       |
| Age _____ Height _____ Weight _____  |                                |       |
| <b>For L&amp;R Internal Usage:</b>   |                                |       |
| QTY  | UNIT                           | PRICE |
|  | Garment Code: UE-              |       |
|  | Outer Jacket                   |       |
|  | Zipper                         |       |
|  | Velcro                         |       |
|  | Priority Production Fee (\$40) |       |
| <b>Fabric Option</b>   |                                |       |
| TributeNight:  |                                |       |
| <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal |                                |       |
| Outer Jacket:  |                                |       |
| <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal |                                |       |
| <b>Shipping</b>  |                                |       |
| <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> O/Ngt                      |                                |       |
| <b>TOTAL:</b>  |                                |       |



**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

