

## FULL WRAP ORDER FORM

Please fill out this form in its entirety to ensure the proper product is ordered.

CUSTOMER NAME (Please Print Clearly) \_\_\_\_\_

CLINT CUSTOMER # \_\_\_\_\_

(Please indicate choices below with an "X" in the appropriate box. A quantity may be entered when ordering 2 or more)

**Full Wrap**

WOMEN'S WRAP / \$ \_\_\_\_\_  X SMALL (#5303010)  SMALL (#5303011)  MEDIUM (#5303012)  LARGE (#5303013)  X LARGE (#5303014)  XX LARGE (#5303015)

MEN'S WRAP / \$ \_\_\_\_\_  SMALL (#5303031)  MEDIUM (#5303032)  LARGE (#5303033)  X LARGE (#5303034)  XX LARGE (#5303035)

Protection Level:  0.25 (Lighter)  0.35  0.5 (Heavier)

Colors:  NAPA RED (#513)  PINK (#504)  BLACK (#114)  GRASS GREEN (#512)  NAVY BLUE (#505)  JEWELRY BLUE (#514)  PURPLE (#510)

Chest Size in Inches: \_\_\_\_\_ Waist Size in Inches: \_\_\_\_\_

Special Sizing Instructions: \_\_\_\_\_

EXTRAS:  Support Belt / \$ \_\_\_\_\_ (#5301701)  Shoulder Strap / \$ \_\_\_\_\_ (#5305995)

**Monogramming**

**CUSTOM MONOGRAMMING** (Available on all radiation protective apparel.)  
\$ \_\_\_\_\_ Per Line • 17 Characters Per Line (including punctuation) • 2 Lines Maximum • White Only

SELECT:  "Block" (#5305997) (or)  "Script" (#5305998)

**INSTRUCTIONS:** Please PRINT CLEARLY exactly how you would like your Name / Title to appear in the boxes provided below. Please include punctuation marks and clearly indicate upper / lower case as shown in the example. Monogram to be located above left pocket of vest or apron, and lower/left side of skirt.

EXAMPLE

|   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| J | o | h | n | S | m | i | t | h | M | D |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|

**NO RETURNS ON RADIATION PROTECTION APPAREL.**

LINE 1:

LINE 2 (Opt):

The undersigned customer is verifying that all of the information on this form is true and correct and that any errors made on this form are the sole responsibility of the customer. The undersigned also acknowledges and understands that all **AccuShield Radiation Protection products are non-returnable.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fax form to 800.341.6440 (or) Scan / email to [customer@clintpharmaceuticals.com](mailto:customer@clintpharmaceuticals.com) • Please call with any questions - 800.677.5022

**CPI Office Use Only**

PO#: \_\_\_\_\_ C: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Emp. & Date Received: \_\_\_\_\_

Emp. & Date Entered: \_\_\_\_\_ Emp. Ver. & Date: \_\_\_\_\_