MY SCRUBS UNIFORMS

ORDER FORM

-Please Print Clearly-

Style No.	Color	Size	Description	Qty.	TOTAL

Shipping/Handling Fee		
$ 0	$24.99	**$6.95**
$25.00	$49.99	**$8.95**
$50.00	$74.99	**$10.95**
$75.00	$99.99	**$12.95**
$100.00	UP	**FREE**

Mail Check or Money Order to:
MY SCRUBS, LLC
5638 Saratoga Blvd., Suite 110
Corpus Christi, TX 78414

Merchandise Total	
TX Residents add 8.25% tax	
Shipping/Handling	
Grand Total	

Customer Name: _____
Delivery Address: _____
City: _____State: _____Zip Code: _____
Phone Number: _____
Credit Card Number: _____
Expiration Date: _____
Credit Card Billing Address: _____
City: _____State: _____Zip Code: _____

I, the undersigned, do hereby authorize **MY SCRUBS, LLC - Uniforms & Medical Supplies** to charge the above card in the amount indicated above. I am signing below, acknowledging that I am the cardholder under penalty of law.

Cardholder Signature: _____Date: _____

Please fax back completed form to:
361-288-7968

MY SCRUBS, LLC
5638 Saratoga Blvd., Suite 110
Corpus Christi, TX 78414
Tel: 800.314.6020 / 361.992.3550
Fax: 361.288.7968
http://www.myscrubs.com