

DEHEN ORDER IDENTIFICATION FORM

CUSTOMER ID# _____
PO# _____

IS THIS ORDER A FILL-IN FROM A PREVIOUS ORDER?

YES _____ NO _____

IF YES, STATE THE ORIGINAL SALES ORDER #'S _____

TO ENSURE A PROPER MATCH FOR FILL- IN ORDERS PLEASE INCLUDE A GARMENT SAMPLE WITH YOUR ORDER.

BILL TO INFORMATION

SCHOOL NAME: _____
BOOKKEEPER: _____
GROUP NAME: _____
MAILING ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

SHIP TO INFORMATION

☐ Check Box if Residential

SCHOOL NAME: _____
ATTENTION: _____
STREET ADDRESS: _____
(ups will not deliver to a P.O. Box)
CITY: _____
STATE: _____ ZIP: _____

PAYMENT OPTIONS: ORDERS WILL NOT BE PROCESSED WITHOUT PAYMENT OR SCHOOL PURCHASE ORDER. 50% DEPOSIT OK FOR ORDERS OVER \$3000; BALANCE DUE 30 DAYS AFTER ORDER IS RECEIVED

APPROVED FORM OF PAYMENT

(PLEASE CHECK THE OPTIONS THAT APPLY TO YOUR ORDER.)

School Purchase Order #: _____
(PO addresses must match order)
Purchase Order Approved Amount _____
Full Payment: _____ (please do not send cash)
Check Amount: _____ Check #: _____
Person responsible for check: _____
(personal, school, organization)
Credit Card Charged: VISA: _____ M/C: _____
: _____ EXP: _____
Zip Code #: _____ Address #: _____

AUTHORIZED CONTACT

School Phone: _____
Home Phone: _____
Fax #: _____
e-mail Address: _____
Principal/Advisor: _____
Method of shipment: _____
(Special delivery authorized signature)

(Signature of person responsible) (print name on card)

* The customer is responsible for checking the confirmations mailed to them. If an error has been made they should contact their salesperson immediately. When checking the confirmation note the style, trim, quantity, sizes, and length adjustments. Please make certain to check the estimated completion date (ECD). These dates are estimates only, with a 7-day leeway on the estimates. **REMEMBER - the order is not processed until payment is received, or on school orders until a School Purchase order is received. Without these items, delivery will be delayed.**

Customer Signature: _____

Office Use Only

REPRESENTATIVE NAME: _____ Ref. # _____
County _____

Date Received _____ Ready to Process _____

Special Notes: _____

ORDER TOTALS \$

Page 1: _____
Page 2: _____
Page 2B: _____
Page 2C: _____
Page 3: _____
Page 3B: _____
Page 3C: _____

SUBTOTAL: _____
Use Tax _____
FREIGHT: _____
Deposit: _____

TOTAL: _____

* Thank you for choosing DEHEN for all of your cheerleading needs.*