

LITE TECH, INC.



Valley Forge Corporate Center
975 Madison Avenue
Norristown, PA 19403

Phone: 800-647-5483
Fax: 610-650-8694
Web: www.xenolitexray.com

In order to accommodate the needs of your business, we have developed an order form, which can be faxed to us. Please complete and fax the form and a representative will contact you. Thank you.

Faxing Detailed Order Form/Quote

Customer Name: _____ Date: _____
Billing Address: _____ Shipping Address: _____
City/State/Zip: _____ City/State/Zip: _____
PO #: _____ Salesperson: _____
Credit Card Type: Visa or MasterCard Contact: _____
Credit Card #: _____ Department: _____
Expiration Date: _____ Phone Number: _____

Apron Style: _____ Qty: _____ Price: _____
W/Thyroid Shield Qty: _____ Price: _____
W/Humerus Shield Qty: _____ Price: _____

Please Specify Lead Equivalency: _____

Body Color/Trim Color: _____ / _____

Measurements:
Suit Size: _____ Dress Size: _____ or Generic Size: _____ Male or Female

Chest: _____ Waist: _____ Hips: _____ Height: _____

Wrap or Frontal Length: _____ (measure from shoulder to desired end)

Vest Length: _____ (measure from shoulder to 2" below waist)

Skirt Length: _____ (measure from waist to desired end)

Monograms:

Specify Thread Color: _____

Specify Style: Block or Script

On the Vest Pocket: _____

On the Skirt Pocket: _____

On the Thyroid Collar: _____

Special Instructions:
