

# ORDER FORM

## VEDA'S UNI FORM BOUTI QUE

136 Berl in Road  
Cromwel l Commons  
Cromwel l, CT 06416  
1-860-613-2724 (phone)  
1-860-613-2730 (fax)

Item #	Color	Size	Qty	Item Description	Price	Total

### METHOD OF PAYMENT

Full Payment Enclosed: Check or Money Order payable to Veda's Uniform Boutique. (No Cash or CODs)

Charge: Total Amount to:  MasterCard  Visa  
 American Express  Discover

Account #

Security Code (located on back of card)

NAME as it appears on Credit Card \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date

SIGNATURE \_\_\_\_\_

Subtotal	
All Orders: Shipping and Handling Charges (see chart)	
Total	

### SHI PPI NG & HANDLI NG

Total	U.S.
\$0.00 - \$25.00	7.79
\$25.01 - \$50.00	10.79
\$50.01 - \$100.00	12.79
\$100.01 - \$150.00	14.79
\$150.01 - \$200.00	15.79
\$200.01 - \$300.00	17.79
\$300.01 - \$500.00	19.79
\$500.01 & Over	24.79

Phone Orders: 1-860-613-2724  
☎ Mon-Fri: 10:00 AM – 4:00 PM EST

Online Orders at [www.vedasuniformboutique.com](http://www.vedasuniformboutique.com)  
☎ Check Order Status - Track your order

Email 24 Hours a Day  
☎ [vedauniformboutiq@att.net](mailto:vedauniformboutiq@att.net)

Mail Orders  
☎ Mail order and payment in form of check or money order to:  
Veda's Uniform Boutique, 136 Berlin Road, Cromwell Commons, Cromwell, CT 06416

Fax credit card orders to: 1-860-613-2730

Shipping  
☎ Order before 4:00 PM EST Mon-Fri and all in-stock items will ship within 1-2 business days.  
☎ Credit Card will not be charged until items have shipped.

Satisfaction Guaranteed  
☎ We're not satisfied unless you are, return your purchase for an exchange or store credit within 30 days.  
☎ Refunds will not include shipping charges.  
☎ Please send your items to us via UPS or insured parcel post using the exchange form located on the website.

#### Shipping Address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Billing Address (if different from shipping address):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Contact Information Required to Complete Order:

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_