

MAXFIT™ Gloves Order Form

FAX TO: O'Neill Innovations – 302-737-3631

BILL TO:	SHIP TO:
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Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Daytime Phone No. _____	Daytime Phone No. _____
Fax No. _____	
Email: _____	
Purchase Order No _____	

APPROVED BY:

Signed: _____

Print name: _____

GLOVES SOLD BY CASE ONLY

Size	No. of Cases*	Cost Per Case	Total
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Shipping Method: All orders shipped FOB Aston, PA 19014 via UPS Ground Service unless otherwise specified. Shipping cost will be added. You can visit our website to determine exact shipping cost for your order. </div>			SUBTOTAL SHIPPING TOTAL DUE

***Case Quantity:** S, M, L or XL = 250 pair of one size per case
 Mixed Case = 40 pair (M); 80 pair (L); 80 pair (XL)

PAYMENT METHOD: (Please check one) Mastercard Visa

Credit Card No. _____

3 Digit security code (on back of card) _____ **Expiration Date:** ___/___/___

Name as it appears on card: (if different from above) _____

Billing Address for credit card: (if different from above) _____