Office use only

Customer# (if known)_____ Date Entered _____

Cheque/C.C._____ Order #_____

Amount_____ Entered by_____

Checked by_____

STAGEGEAR®
P.O. BOX 898
NARRABEEN, NEW SOUTH WALES, 2101
PHONE (02) 9984 0433 FAX (02) 9984 0466
WWW.STAGEGEAR.COM.AU
ABN 63 123 912 649

No sewing for you! Dance Ready-To-Wear®
ALL our costumes come completely finished.

udma™ UNITED DANCE MERCHANTS OF AMERICA

PLEASE USE THIS SIDE OF THE ORDER FORM FIRST			STANDARD SIZES & SPECIAL SIZES* * SPECIAL SIZES CANNOT BE EXCHANGED OR CANCELLED.											TOTAL STANDARD SIZE QTY.	STANDARD UNIT PRICE	XLC & XLA SIZE QTY.	XLC & XLA UNIT PRICE	XXLC & XXLA SIZE QTY.	XXLC & XXLA UNIT PRICE	TOTAL STANDARD & SPECIAL PRICE
STYLE #	COLOUR #	NAME OF COSTUME	XSC	SC	MC	LC	XLC*	XXLC*	SA	MA	LA	XLA	XXLA*							

All orders MUST include at least 50% deposit.

STANDARD & SPECIAL TOTAL +	
TOTAL FROM OTHER SIDE +	
TOTAL ORDER =	
DISCOUNT --	
POSTAGE = (CALCULATE BELOW)	
GRAND TOTAL =	
50% DEPOSIT --	
BALANCE DUE* =	

BILLING AND POSTAGE INFORMATION (PLEASE PRINT)

CUSTOMER# (IK KNOWN) _____

SHOW DATE : _____
DELIVERY IS NORMALLY SIX WEEKS FOR NON STOCK ITEMS FROM MAY-NOVEMBER)

BILL TO

Studio Name _____

Your Name_____

Address _____

Suburb _____ State _____

Day phone # _____ Mobile phone # _____

Studio phone # _____ Studio fax # _____

Email (RECEIVE TRACKING INFORMATION AND SPECIAL OFFERS)_____

Bill to address is a ❑ Business/School ❑ ❑ Residence

POST TO (IF DIFFERENT THAN BILL TO)

Recipient Name _____

Address _____

Suburb _____ State _____

Post to Address is a ❑ ❑ Business/School ❑ ❑ Residence

PAYMENT INFORMATION (PLEASE PRINT) PLEASE CHECK ALL BOXES THAT APPLY.

MINIMUM 50% DEPOSIT required for all order.

❑ ENTIRE BALANCE ENCLOSED ❑ CHARGE ENTIRE BALANCE TO MY CREDIT CARD

❑ 50% CHEQUE OR MO DEPOSIT ENCLOSED, WHEN ORDER IS COMPLETE:
- ❑ CHARGE CREDIT CARD FOR BALANCE
- ❑ WILL SEND CHECK FOR BALANCE DUE (1 WEEK TO CLEAR ONCE RECEIVED)

❑ CHARGE 50% DEPOSIT TO CREDIT CARD, WHEN ORDER IS COMPLETE:
- ❑ CHARGE CREDIT CARD FOR BALANCE
- ❑ WILL SEND CHEQUE FOR BALANCE DUE (1 WEEK TO CLEAR ONCE RECEIVED)

CREDIT CARD INFORMATION

VISA MasterCard

CREDIT CARD # _____

SECURITY CODE (PRINTED ON BACK OF CARD) _____ EXPIRATION DATE _____

SIGNATURE _____ NAME ON CARD _____

CREDIT CARD BILLING ADDRESS _____ CITY, STATE, POSTAL CODE _____

AUTH. CODE (OFFICE USE ONLY) _____

POSTAGE CHART
(see rate chart for your state in price booklet)

Number of Costumes & Hats (not including long tutus)	____ x $____	= $____
Number of long tutus	____ x $____	= $____
	Total Postage	= $____

✂ Cut along dotted line when faxing to ensure entire order form is received.

PLEASE USE THIS SIDE OF THE ORDER FORM FIRST			STANDARD SIZES & SPECIAL SIZES* * SPECIAL SIZES CANNOT BE EXCHANGED OR CANCELLED.											TOTAL STANDARD SIZE QTY.	STANDARD UNIT PRICE	XLC & XLA SIZE QTY.	XLC & XLA UNIT PRICE	XXLC & XXLA SIZE QTY.	XXLC & XXLA UNIT PRICE	TOTAL STANDARD & SPECIAL PRICE
STYLE #	COLOUR #	NAME OF COSTUME	XSC	SC	MC	LC	XLC*	XXLC*	SA	MA	LA	XLA	XXLA*							

STANDARD & SPECIAL TOTAL +

TRANSFER THIS AMOUNT TO THE OTHER SIDE

All orders MUST include at least 50% deposit.

GIRL'S AND WOMEN'S SIZES

*	XSC	SC	MC	LC	XLC	XXLC	SA	MA	LA	XLA	XXLA
BUST	21 - 23	23½ - 26	26½ - 28½	29 - 31½	34 - 36	36½ - 38	32 - 34	34½ - 36½	37 - 40	40½ - 43½	44 - 47
WAIST	20½ - 21½	22 - 23½	23 - 24	24½ - 26	30 - 33	34 - 37	23 - 25	25½ - 27½	28 - 31	31½ - 34½	35 - 38
HIPS	21½ - 23	23½ - 27½	28 - 30	30½ - 34	36 - 38	38½ - 40	34½ - 35½	36 - 38½	39 - 42	42½ - 45½	46 - 49
GIRTH	38 - 40	40½ - 44	44½ - 48	48½ - 54	54½ - 56	57 - 59	54½ - 57	57½ - 60	60½ - 63	63½ - 66	66½ - 69
INSEAM	18	21	25	29	29	29	31	33	34	35	35

BOY'S AND MEN'S SIZES

	XSC	SC	MC	LC	SA	MA	LA	XLA	XXLA
CHEST	21 - 23	23½ - 26	26½ - 28½	29 - 33½	34 - 36½	37 - 39½	40 - 43½	44 - 46½	47 - 49½
WAIST	19½ - 21½	22 - 23½	23 - 24	24½ - 27½	28 - 30½	31 - 33½	34 - 37½	38 - 40½	41 - 43½
HIPS	21 - 23	23½ - 27½	28 - 30	30½ - 34	34½ - 36½	37 - 39½	40 - 43½	44 - 46½	47 - 49½
GIRTH	39 - 41	41½ - 45	45½ - 49	49½ - 55	55½ - 58	58½ - 61	61½ - 64	64½ - 65	65½ - 67
INSEAM	18	21	25	29	32	34	35	36	36

PLEASE NOTE: ALL MEASUREMENTS ARE IN INCHES

IF FAXING THIS PAGE:

CUST# (IF KNOWN) _____

STUDIO _____

NAME _____

PHONE# _____

Cut along dotted line when faxing to ensure entire order form is received.