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Orderform F1-A

Client Details

Ordermaster:
Team: League:
Email: Contact number:

Timeline Info

Design: O Assisted O Provided Expected Date of Arrival:
Please note that we have a 4-week lead time for delivery after Submission of FINAL design and ORDERLIST/ROSTER

Shipping Info

Recipient Name:
Address
Street: City:
State/Country: ZIP code:
Contact Number: Shipment Number:

Order Summary

Short sleeve

Model	<input type="checkbox"/>	Classic	<input type="checkbox"/>	Powerfit		
Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					

Tanks

Model	<input type="checkbox"/>	Tanks	<input type="checkbox"/>	Reversibles		
Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					

Long sleeve

Model	<input type="checkbox"/>	Classic	<input type="checkbox"/>	Powerfit		
Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					

Sleeveless

Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					

Shorts

Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					

Raglan

Sizing	<input type="checkbox"/>	Asia	<input type="checkbox"/>	US		
	XS	S	M	L	XL	2XL
QTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total					