

# MMPA Ag Wear Order Form

Ship To:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Office Use Only	
Order #	_____
DS	_____
DR	_____

Style/Code#	Description	Color	Size <small>Please add \$2 for size 2XL and larger or any tall sizes.</small>	Total Qty.	Price Each	Total Amount

Please note: All clothing will have an MMPA logo embroidered on it.

Ordered By:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Ordering Information:**

Please complete all necessary information. Indicate sizes where required. Costs can be deducted from producer's milk check. Money orders and checks are also accepted. Do not mail cash. Orders must be sent to the Novi Office. Allow 3-4 weeks for delivery (all items shipped USPS).

Use size chart to determine your correct size. Specify the quantity by size.						
Size Chart						
S	M	L	XL	2X	3X	4X
34-36	38-40	42-44	46-48	50-52	54	56

Please read size chart carefully. Since garments are decorated, returns or exchanges will only be accepted with prior approval.

Merchandise Subtotal

6% Sales Tax

Add S&H Charges

Total Order

\$5.00

Payment:

Milk Check deduction:

Loc \_\_\_\_\_ Hlr. \_\_\_\_\_ State # \_\_\_\_\_

\_\_\_\_\_ Please subtract this amount from my milk check.

\_\_\_\_\_ Check or money order enclosed payable to MMPA.

No invoices will be issued.

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

Mail order to:  
MMPA Clothing  
P.O. Box 8002  
Novi, MI 48376-8002  
or fax to:  
(248) 426-3400