ORDER FORM

Inland Empire Scrubs.com
Mobile Scrub Delivery Service

Complete Form and Fax or Mail to:
Inland Empire Scrubs
3765 Jurupa Ave, STE J
Riverside, Ca 92506
FAX: 951-801-7917

☐ Check here if Bill To is the same as Ship To

BILL TO:			**SHIP TO:**		
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:			PHONE:		
EMAIL ADDRESS (FOR ORDER CONFIRMATION):					

Catalog	Item #	Color/Print	Size	Description	Qty	Price Each	Total Price

Store Policy
Minimum 4 Item Order
Exchanges Only
No Refunds

Total Items: _____ Sub Total:
Shipping (See Schedule):
Sales Tax (California Residents Only) 8.75%
Total Due:

Shipping Schedule: USA shipping only
(**Note:** No shipping charges apply for will call orders. Please write 'WILL CALL' in shipping box for store pickup.)

4 - 10 Items	$7.99	21-30 Items	$25.99
11 - 20 Items	$15.99	Over 31 Items	Free Shipping

PAYMENT METHOD (CHECK ONE): ___ Will Call ___ Visa ___ Mastercard

Credit Card Payment Only Fill Below

PRINT NAME ON CREDIT CARD:

CARD NUMBER:	3 Digit Code:	Expiration Date:

I understand these charges will appear on my credit card statement under the name of Inland Empire Scrubs and I accept full financial responsibility for payment of this order per the store policy located at www.iescrubs.com/policy.php. I agree that payments are non-refundable and that I am responsible for all returning shipping charges.

SIGNATURE OF CARDHOLDER:	Today's Date: