

ORDER FORM FOR JERSEY COLLEGE UNIFORM AND ACCESSORIES e_____ Phone #_____

| Name | Phone # | | | |
|--|-----------|-------------|-----------|----|
| AddressCity | У | Sta | iteZ | ip |
| Uniform Order: | # of Sets | | | |
| RN uniform set ¹ with trim and logo | () | @\$ | /set | \$ |
| PN uniform set ¹ with trim and logo | () | <i>a</i> \$ | /set | \$ |
| RN uniform top with trim and logo | (| @\$ | /set | \$ |
| PN uniform top with trim and logo | (| @\$ | /set | \$ |
| RN uniform bottom | () | @\$ | ea. | \$ |
| PN uniform bottom | () | @\$ | ea. | \$ |
| Lab jacket with trim and embroidered logo | | @\$ | ea. | \$ |
| Medical Kit ² | $(_)$ | @\$ | ea. | \$ |
| | Shippin | ng and H | Handling: | \$ |
| | | | Total: | \$ |

Sizing and Uniform Type for above order (place x in appropriate box):

| | S | Μ | L | XL | 2XL | 3XL |
|----------------|---|---|---|----|-----|-----|
| Uniform Top | | | | | | |
| Uniform Bottom | | | | | | |
| Lab Jacket | | | | | | |

☐ Male ☐ Female (check one)

Please email or fax orders to address above and complete the attached credit card form. Thank you for your business!

¹ Jersey College requires each student to have at a minimum 2 uniform sets and 1 lab jacket at the time of initial enrollment. Uniform set includes 1 top with embroidered logo and 1 bottom pant.

² Jersey College requires students in Practical Nursing program, Generic track of Professional Nursing program and Nurse Residency track of Professional Nursing program to have a medical kit. Medical kit is not required for LPN to RN track of Professional Nursing program. Kit includes blood pressure kit, stethoscope, medical pen light, medical clamp and medical scissor.



CREDIT/DEBIT CARD AUTHORIZATION FORM

I authorize New Uniforms to charge the following amount on my credit card for the provision of uniforms in the attached document.

| ¢ | |
|---|--|
| 3 | |

(write full amount to be charged clearly)

| Name and billing address as it appears on the credit card: | |
|--|---------------------|
| Name: | |
| Address: | |
| City: | State: Zip: |
| Select type of card: Visa Mastercard | American Express |
| Card Number: | Expiration Date: |

I promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card.

| Signature: | Date: |
|------------|-------|
| | |