



@ sales@newuniforms.com
 www.newuniforms.com
 561.842.1400
 3570 Consumer Street
 Suite 5
 West Palm Beach
 FL 33404



ORDER FORM FOR JERSEY COLLEGE UNIFORM AND ACCESSORIES

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Uniform Order:

	<u># of Sets</u>			
RN uniform set ¹ with trim and logo	()	@ \$	/set	\$ _____
PN uniform set ¹ with trim and logo	()	@ \$	/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.	\$ _____

Shipping and Handling: \$ _____

Total: \$ _____

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

	S	M	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.



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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.

\$ _____
 (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:						
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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: