

<b>SMILEMAKERS</b>			**If ordering from "Special Catalog", please specify which Catalog.				
PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE
			Sub-Total:			\$	
			Sales Tax:			\$	
			Shipping:			\$	
			Grand Total:			\$	

<b>SHOES FOR CREWS</b>			**Employee's Social Security Number _____ - _____ - _____				
PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE
			Sub-Total:			\$	
			Sales Tax:			\$	
			Shipping:			\$	
			Grand Total:			\$	

<b>UNIFORM SHORTS</b>			The total cost including sales tax/shipping is: \$12.50 for Womens and \$13.50 for Mens				
PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE

<b>CREATA CATALOG</b>			**If ordering from "Special Catalog", please specify which Catalog.				
PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE
			Sub-Total:			\$	
			Sales Tax:			\$	
			Shipping:			\$	
			Grand Total:			\$	



## PAYROLL DEDUCTION AUTHORIZATION/ORDER FORM

### SMILEMAKERS / CREATA CATALOG / WAY TO BE

CATALOG NAME	PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE

Sub-Total:		\$	
Shipping:		\$	
Sales Tax:		\$	
Grand Total:		\$	
Number of Check to Deduct From			
Per Check Deduction		\$	

### SHOES FOR CREWS

Employee's Social Security Number:        -        -

	PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE

Sub-Total:		\$	
Shipping:			
Sales Tax:		\$	
Grand Total:		\$	
Number of Check to Deduct From			
Per Check Deduction		\$	

### UNIFORM SHORTS

Cost including sales tax & shipping is: \$12.50 for womens/\$13.50 for mens

	PG#	ITEM #	QTY	DESCRIPTION	SIZE	PRICE/EA	EXTEND	OFFICE USE

Sales tax and shipping are added to merchandise purchases. Payroll deductions for merchandise will be deducted from no more than (3) paychecks. Items will not be received until order has been paid in full. Any merchandise purchases are voluntary requests made by the Employee and represent a commitment to reimburse Best Operations, Inc. The Employee understands and agrees to the terms and further understands that if his/her employment with Best Operations ends, for any reason, the unpaid balance will be withheld from any funds owed to the Employee.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

Store# \_\_\_\_\_

