BATES LEATHERS

3671 Industry Ave., Unit C5 • Lakewood, CA 90712 tel: [562] 426-8668 • fax: [562] 426-4001 info@batesleathers.com



STANDARD ORDER FORM

| TANDARD ORDER FORM | | | | OFFICE USE ONLY | |
|-----------------------|----------------------------|---------------------|-----------------|---------------------|--------|
| A. PLEASE PRINT | SHIPPING ADDRESS (IF DIFF | ERENT FROM BILLING) | | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |
| Daytime phone number: | [] | Email address: | | | |
| B. ORDER DESCRIP | TION | | | | |
| ITEM | | COLOR(S) | SIZE QT | Y PRICE | TOTAL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Sub Total: | |
| | L OLONATURE | | | | |
| i approve this ord | der. SIGNATURE: | | CIRCLE ONE: | | E:// |
| C. PLEASE PRINT | BILLING AND PAYMENT METHOD | | CIRCLE ONE. | | |
| Name: | | | | VISA MasterC | PayPal |
| Address: | | | Daytime phone : | [] | |
| | | | State: | ZIP: _ | |
| City: | | | | | |

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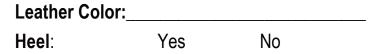
BOOT WORKSHEET



GUMKRINKLE SOLE (WITH OR WITHOUT HEEL)

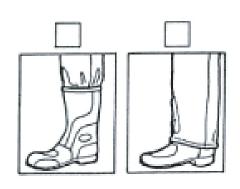
Foot Length= Foot Width=

| SPECIAL NOTES: | | |
|----------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Fast Lane Patch: Yes No

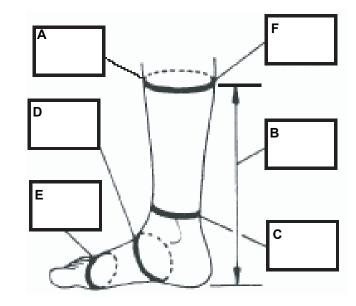
How do you wear your boots? Check one.



DO NOT MEASURE YOURSELF!

Have someone else measure you. Measure over socks while standing with full weight on foot.

- A. Around largest part of calf.
- B. Height from ground to largest part of calf
- C. Around narrow part of leg above anklebone
- D. Around instep (arch area)
- E. Around ball of foot
- F. Around leg where top of boot will end



Regular Shoe size, including width _____

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TERMS AND CONDITIONS

ORDERS: Prices -FOB Lakewood, CA and subject to shipping and handling charges. Standard items may be ordered by telephone when payment is made by Visa or MasterCard. All other orders should be mailed to:

| Bates Leathe | ers | (562) 426-8668 phone | | |
|-------------------------|-----------------------------|--|--|--------|
| 3671 Industry | Ave Unit C5 | (562) 426-4001 fax | | |
| Lakewood, C | A 90712 | | | |
| TERMS: Full payment in | n advance required on all | items totaling less than \$500.00. Cu | ustom orders must be submitted in writing. Visa and MasterCard al | ong |
| with personal checks ar | nd money orders are accep | oted as payment. When personal ch | necks are sent please allow an additional 2-3 weeks for processing | |
| of order, as check must | clear bank before shipping | g. | | |
| Initial here | | | | |
| SHIPPING: All orders se | ent via United Parcel Serv | ice (UPS). Unless specified by the c | customer the order will be shipped UPS Ground Label service. | |
| International shipments | will be made via United P | arcel Service Worldwide Express. Al | All shipments foreign and domestic are billed at the customers' | |
| expense and added to t | he final invoice total. | | | |
| DEPOSITS: Full payme | ent or minimum deposits n | nust accompany every order. Minim | num deposits are as follows: | |
| | | \$200.00 or 50 % of total order an \$200.00 or 50% of total order | Pants – No less than \$200.00 or 50% of total order | |
| | | re non-refundable once order is "in | process"**. | |
| | ** "In process" mear | ns once order is taken and deposit is | s given, order is in process. ** | |
| Initial here | The balance of each | n order is due within 15 days of initia | al order submission. | |
| RETURNS/EXCHANGE | ES: Subject to a handling/r | restocking fee. Customer must notify | y Bates upon returning any item for refund or exchange. | |
| | There are absolutely | y no refunds on custom orders. | | |
| | Bates will make eve | ry attempt to rectify a custom order. | Customer is responsible for return postage and insurance. | |
| Initial here | Any questions on cu | ustom orders must be presented to E | Bates within 30 of receipt of order. | |
| CLAIMS: Must be filed | by customer with carrier a | t time of delivery. If it is necessary to | to refuse shipment because of damage, customer must notify Bates | s also |
| | If customer chooses | s to file legal action against Bates Ind | dustries, Inc. dba | |
| Initial here | Bates Leathers, the | y agree to do so in the county of Los | s Angeles, CA. | |
| I have read and underst | tand the "Terms and Cond | litions" and agree to them as set fort | rth above. | |
| | | | | |
| | | | | |

Customer Signature _____ Date __/__/