Purchase Order No._____

1855 Industrial Street #610
Los Angeles, CA 90021
TEL: 917.721.7766 FAX:
e-mail: mwalker.renesans@gmail.com
www.evolvelifewear.com

Bill To_____
Address_____
City_____State___
Zip_____Tel#_____

Ship To_____
Address_____
City_____State_____
Zip_____Tel#_____

Date								**Ship Via**		**Terms**	
Style No	**Color**	**Description**	**XS**	**S**	**M**	**L**	**XL**	**XXL**	**Quantity**	**Price**	**Amount**

- No Returns will be accepted without our written authorization
- Order accepted subject to credit approval and stock availability
- This Order is not subject to cancellation
- All orders shipped by UPS unless otherwise specified
- We request one week grace from completion date

Subtotal	
Tax	
Shipping	
Total Amount	

Signature_____ **Date**_____