VFW
STORE • WWW.VFWSTORE.ORG

(2018 - 2019)
VFW STORE

406 WEST 34TH STREET - KANSAS CITY, MISSOURI 64111
WEBSITE - www.vfwstore.org
CUSTOMER CALL CENTER 1.800.821.2606 • FAX: 816.968.1196

Order # _____
Date _____
Name _____
CCB _____
Check Amt. _____
Cash _____
For office use only

DATE: _____

SHIP TO:

POST# _____ DEPT _____ MEMBER # _____

CUSTOMER NAME _____ (First M.I. Last)
STREET ADDRESS _____ (Avoid using P.O. Box number)
_____
CITY _____ STATE _____ ZIP _____

HOME PHONE _____ (Area Code)
BUS. PHONE _____ (Area Code)
EMAIL ADDRESS _____

BILL TO: Must match credit card billing address.

POST# _____ DEPT _____

CUSTOMER NAME _____ (First M.I. Last)
STREET ADDRESS _____
_____
CITY _____ STATE _____ ZIP _____

HOME PHONE _____ (Area Code)
BUS. PHONE _____ (Area Code)
E-MAIL ADDRESS _____

Product Code	Quantity	Catalog Description of Merchandise	Size Color	Price Each, Set, 100 etc.	Totals

ORDERS MAY BE FAXED TO 816.968.1196)
WHEN USING A CREDIT CARD.
When orders are FAXED (TO AVOID DUPLICATION), PLEASE DO NOT MAIL IN ORIGINAL ORDER.

SHIRT/JACKET ORDER FORM ON REVERSE SIDE

MasterCard VISA DISCOVER AMERICAN EXPRESS

SHIPPING & HANDLING
Up to $10.00 .....Add $4.00
$10.01 to $25.00 ..... $7.00
$25.01 to $50.00..... $9.00
$50.01 to $75.00 ..... $11.00
$75.01 to $100.00 ..... $13.00
$100.01 to $200.00 ..... $15.00
$200.01 to $300.00..... $17.00
$300.01 & Over $21.00
Prices effective through 8-31-19

Total for Merchandise Ordered	
Missouri Resident Only –Add 8.6% Tax	
Shipping & Handling	
Balance Due from Previous Order Be Sure to Show ~~Invoice No.~~	
TOTAL AMOUNT $	

Expiration Date: ____/____

For your protection, do not send cash or stamps. Make check or money order payable to VFW STORE.

Money Order No. _____

Post Check No. _____

Signed _____

(2017-2018) SHIRT AND JACKET ORDER FORM

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FAX: 816-968-1196

For office use only	
Order #	Name
Date	CCB
	Check Amt.
	Cash

DATE: _____ POST / AUX # _____ DEPT _____

MEMBER # _____

SHIP TO:

CUSTOMER NAME _____
First M.I. Last

STREET ADDRESS (Avoid using P.O. Box number) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ (Area Code) BUS. PHONE _____ (Area Code)

EMAIL ADDRESS _____

BILL TO: Must match credit card billing address.

POST / AUX # _____ DEPT _____

CUSTOMER NAME _____
First M.I. Last

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ (Area Code) BUS. PHONE _____ (Area Code)

Product Code	Quantity	Catalog Description	*Size	Color	Option(s) (See Pages 36 & 37)	Option(s) Price	Garment Price	*(Option + Garment)* Price
			*2XL Add.....$5.00 3XL Add.....$7.50					
			4XL Add...$10.00 5XL Add...$12.50					

MasterCard VISA DISCOVER AMERICAN EXPRESS

Expiration Date: ___/___

Money Order No. _____ **Check No.** _____

CREDIT CARD ORDERS MAY BE FAXED TO (816 -968-1196)

When orders are FAXED - (TO AVOID DUPLICATION), PLEASE DO NOT MAIL IN ORIGINAL ORDER.

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SHIPPING & HANDLING

Up to $10.00 .....Add $4.00
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Balance Due from Previous Order Be Sure to Show Invoice No.	
TOTAL AMOUNT	$

Signed _____