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SAMPLES REQUEST FORM

Company Name:

Date:

Delivery Address:

Contact Name:

Contact Number:

E-Mail:

Please list below the items you would like us to send to you. Please return these samples in their original condition within 14 days – if you need them any longer please speak with a member of our staff in advance and this can usually be arranged.

Quantity	Garment Name/Code	Colour	Size

Notes: