

The Workingman's Emporium

260 North First Street, San Jose, CA 95113
 Phone: (408) 287- 3942 Fax: (408) 287- 8879

Order Date: _____

Name:
Address:
City:
State & Zip Code:
Daytime Phone Number:
E-Mail:
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <small>** (Please put Drivers License Number on Checks)**</small>
Credit Card Number: _____ Exp. Date: _____
Phone Number on Back of Credit Card:
Name on Credit Card:
Signature:

Manufacturer	Style #	Qty.	Color	Size / Width Waist / Inseam	Description	Price Each	Total Price
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

	Product Total	\$
	Tax (if CA, 9.25%)	\$
	Sub-Total	\$
	Shipping	\$
	Total	\$