



Ferguson Safety Products

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Date _____

Name _____ Title _____

Facility _____

Email: _____ Phone _____ Fax _____

How did you hear about us? _____

Check here if tax exempt ___ Reason for tax exemption: _____

We invite you to examine our products and either decide to purchase them or **return them unused.**

SHIPPING ADDRESS (Purchases and samples)

BILLING ADDRESS (Purchases only)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ITEMS

QUANTITIES

Adult Smock	_____ blue, _____ mint, _____ tan, _____ gold
Teen Smock	_____ blue, _____ mint, _____ tan, _____ gold
XXL Smock	_____ blue, _____ mint, _____ tan, _____ gold
Kilt	_____ blue, _____ mint, _____ tan, _____ gold
Jumpsuit - Adult	_____ blue, _____ mint, _____ tan, _____ gold
Jumpsuit - XXL	_____ blue, _____ mint, _____ tan, _____ gold
Slipper - small (Women's 9-10)	_____ blue, _____ mint, _____ tan, _____ gold
Slipper - large (Men's 11-12)	_____ blue, _____ mint, _____ tan, _____ gold
Large Blanket - (80"x56")	_____ blue, _____ mint, _____ tan, _____ gold
Pair Half-Blanket - (40"x56")	_____ blue, _____ mint, _____ tan, _____ gold
Sleeping Bag - Flat (68"x80")	_____ blue, _____ mint, _____ tan, _____ gold
Sleeping Bag with built-in pillow	_____ blue, _____ mint, _____ tan, _____ gold
Dozer Mattress with pillow (75"x30"x4")	_____ mint
Dozer Slim Flat (76"x26"x2")	_____ mint
Dozer Slim with built-in pillow	_____ mint
Safety Pillow	_____ blue, _____ mint, _____ tan, _____ gold

Thank You!

Comments _____