

# COASTAL TRANSPORT CO., INC.

1603 Ackerman Road  
San Antonio, TX 78219

## UNIFORM ORDER FORM

DATE: \_\_\_\_\_ PO#: \_\_\_\_\_

TERMINAL: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

<b>PANTS</b>	Waist _____	Length _____
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<b>SHIRTS</b>	SUPER _____	POPLIN (65POLY/35COTTON) _____
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Shirt-Long Sleeve	<input type="checkbox"/>	Neck Size _____	Sleeve Length _____
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Shirt-Short Sleeve	<input type="checkbox"/>	Neck Size _____	
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NAME: \_\_\_\_\_ (Name as to appear on shirt, will take 3 extra days to receive.)

ATA Years Patch: \_\_\_\_\_ (Number of safe driving years without an accident.)

I understand that, as a condition of employment as a transport driver for Coastal Transport Co., Inc. **“I must agree to purchase uniforms, as prescribed by the company, and be in uniform prior to reporting for work.”** (Personnel Policy Manual for Transport Driver Personnel of Coastal Transport Co. Inc. Section II. Item 16., Page 8, revised 10/10/86).

I hereby authorize Coastal Transport Co. Inc. to deduct from my earnings for the following reason (check-one):

Uniforms (Deducted \$40 a month minimum) \_\_\_\_\_  
Management signature not required. (amount per month)

\$20 to be deducted each pay period until the balance is paid.

In the event the employment ceases for any reason, the remaining balance will be deducted in full from the final paycheck.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Terminal Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date