

Custom Accent Chairs

ORDER FORM

TYPE CODE: AGUILAR - **4H** | GARZA - **4S** | AMADOR - **4E** | CORBIN - **1W**

PLEASE FILL IN THE CORRESPONDING CODES FOR YOUR SELECTED PRODUCT AND TEXTILES.

		(2) TYPE CODE	(3) MATERIAL COLOR CODE	QTY	COST
6	0	1	A	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	0	1	A	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	0	1	A	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:				<input type="checkbox"/>	<input type="checkbox"/>

IF YOUR PIECES ARE MEANT FOR THE SAME ROOM (CORRESPONDING SET), PLEASE CHECK THE BOX BELOW:

MATE

ACCT NAME:	ACCT #:	ORDER DATE:	SALESPERSON:
------------	---------	-------------	--------------

SHIP TO:	BILL TO: <input type="checkbox"/> CHECK IF BILL TO INFO IS THE SAME AS SHIP TO
NAME:	NAME:
ADDRESS 1:	ADDRESS 1:
ADDRESS 2:	ADDRESS 2:
CITY: STATE/ZIP:	CITY: STATE/ZIP:
SHIP DATE: PHONE:	PHONE:
EMAIL:	EMAIL:

BUYER NAME:	SIGNATURE:
NOTES:	