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PO#.

Date:				1 0π						
Company Name: Billing Address: (*Please advise of any address changes, if you have moved to a different state a new resale certificate is required.)				Sidemark: Ship To Address: *We recommend shipping to a receiving warehouse.						
						Contact Name:				Shipping Contact/Phone:
						Phone Number:				
Email:				Freight Carrier: *We will ship common carrier unless specified. You must specify carrier if shipping residential.						
Style # & Name	Qty.	Price	Ext.	COM/Fabric Information:						
Seat Upgrade:				□Up the bolt □Railroad						
□Spring Down □Duve □Ultra Plush	et			Trim:						
Back Upgrade: □Down Blend □Never	r Down									
☐ Plush Support				Special Instructions (Placement/Application):						
Wood Finish:										
Modifications: (Dimensions, Swivel, Skirt, Nail Trim, Casters, Banding, etc.) Please specify brass/nickel scuff plate for bar & counter stools.				Additional Info/Comments:						
Fabric Treatment(s):										
- morre i readification.				Order Total:						

^{*}Please include all pieces being ordered in the same fabric on one order form.

^{*}You must specify "QUICK SHIP" on any quick ship orders.

^{*}Production time starts once deposit (if required) & all COM's have been received. You must specify if an order is to be split shipped and/or shipped with another order.