ChairWorks®

Date_____

FOR OFFICE USE ONLY
CUSTOMER NO. _____
CREDIT CODE _____

SOLD TO:
NAME _____
_____
CITY _____ STATE _____ ZIP _____
PHONE _____

SHIP TO:
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

CUSTOMER NO.	REQUEST SHIP DATE	SHIPPING INSTRUCTIONS	SALES NO.	TERMS

QUANTITY	MODEL#	COVER COLOR	DESCRIPTION	PRICE EA.	TOTAL

SPECIAL INSTRUCTIONS NOT VALID WITHOUT CUSTOMER SIGNATURE

_____
PURCHASER

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