

# Order Form

Date:

**Billing:**

Company:

Contact Name:

Address:

City, State, Zip:

Phone:

Email:



Office Chairs On Sale  
 133 Post Oak Dr.  
 Beaver Falls, PA 15010  
 Email: sales@OfficeChairsOnSale.com  
 Fax: 724-846-5048

**Shipping:**

Same as Above

Company:

Contact Name:

Address:

City, State, Zip:

Phone:

Email:

Item	Color/Options	Quantity	Unit Price	Amount

<b>Sub-total</b>	
<b>Grand Total</b>	

**Payment**

- Check payable to **Office Chairs Unlimited**
- Credit Card
  - Visa                       American Express
  - MasterCard               Discover

Card Number:

Expiration Date:

3 or 4 Digit CID:

Name on Card:

\_\_\_\_\_  
 Cardholder Signature

Please Note - All parts orders are non-returnable

**Internal Use Only**

<b>Order Entered:</b>	
<b>Ship Date:</b>	