

KnollTextiles Order Form

Tel: 866.565.5858 Fax: 866.565.5860

*Please allow up to 3-4 business days upon receipt of your order to receive an acknowledgement or ProForma.

Date: _____

Customer PO #: _____

Account #: _____

Sold / Bill To _____

Ship To (if different from billing address) _____

Name: _____

Name: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

_____ Suite #: _____

_____ Suite #: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

Ship Via: _____ Final Destination: _____

Sidemark: _____

Tax Exempt: Yes (Attach certificate) No States Exempt In: _____

Quantity	Pattern Number	Pattern Name	Colorway	Per Yard Net Price	Imago Per Sheet Net Price	Special Finish Per Unit/Per Yd./ Minimum	Total

Total Net Price

Shipping & Handling

Tax

Order Total

Credit Card Payment: Visa Mastercard AMEX

Card Holders Name: _____

Credit Card Acct #: _____

Expiration Date: _____ Currency: US Canadian

Title: _____

Customer's Signature: _____

Name (Print): _____

Address: _____

_____ zip code: _____

The signature above indicates that this purchase is being made by an authorized principal of the Purchaser. Sales by KnollTextiles ("Seller") of KnollTextiles Products within the United States and Canada are made only on the terms which are contained in the Selling Policy (www.knoll.com). Seller hereby gives notice of its objection to any different or additional terms and conditions.

Sales Rep. Name: _____

Sales Rep. Number: _____

Special Instructions: _____

CFA shipping address (if different from sold or ship to address above): _____