

Credit Card Order Form

KNOLL
 1235 Water Street
 East Greenville, PA 18041

PLEASE FAX COMPLETED FORM TO YOUR CUSTOMER RESOURCES ACCOUNT MANAGER.

DATE:

ATTN:

Sold To:
 Card Holder's Name & Address
 (exactly as it appears on credit card statement)

Name

Address

City

State/Province

Country

Postal/Zipcode

Federal Employer Identification No.

Ship To Address:

Name

Address

City

State/Province

Country

Postal/Zipcode

Card Holder's Telephone Number With Area Code:

Credit Card #:

Credit Card (check one): **Expiration Date:**

Visa Mastercard

Knoll Dealer:

Special instructions:

Please Check Appropriate Contract:

Canadian Federal Government Freestanding Supply Argmt. Reff Installed Base NMSO Seating Supply Argmt

SA #E60PQ-090004/043/PQ #E60PQ-030004/035/PQ #E60PQ-120001/013/PQ

COMMERCIAL Other

Item#	Pattern#	Description	Qty	List Price	Discount	Unit Net	Extended Net Price
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Cardholder's Signature:

Date:

PRODUCT TOTAL: \$ _____

DESIGN FEE: \$ _____

INSTALLATION: \$ _____

Grand Total: \$ _____