



CATALOG ORDER FORM

FAX# 214.634.7714

FIRM NAME _____

BUYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SALES TAX NUMBER _____

TELEPHONE _____ FAX _____

CHECK APPROPRIATE BOX:

- DESIGN FIRM
- FURNITURE STORE
- LIGHTING SHOW ROOM
- INTERIOR DESIGNER
- ARCHITECT
- SPECIFIER

CATALOG \$40.00

(CAN BE DEDUCTEED FROM FIRST INVOICE)

CREDIT CARD NAME _____

CREDIT CARD NUMBER

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EXP. DATE

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SIGNATURE _____