

## ORDER FORM

Account Name:				
Contact Name:				
Phone:	Fax:	Fax:		
Email:	PO#:	PO#:		
Payment Type: Please note: if using credit card please fill out a separate credit card authorization form  Credit Card Check	Check all that apply: Please note: if you check "no," sales tax will be added to your order total.  For Resale: Yes No			
	Process as an order			
	Request for quote			
BILL TO:	SHIP TO:			
Name:	Name:			
Phone #:	Phone #:	Phone #:		
Address:	Address:			
State/Province:	State/Prov	rince:		
Zip/Postal Code:	Zip/Postal Code:			
Country:		Country:		
	,			
ORDER DETAILS:				
Product Description:	Item Code:	Size:	Quantity:	
	_			
	_			
	_			
This box for Half Price Drapes-Trade Membership use only:				
Date Order Received: Con	nfirmed Via: O Ph	one C Email		

Please complete this form, save it and then email a copy to trademembership@halfpricedrapes.com, print and fax to 925.455.5504 attn: Trade Department or call us at 866.413.7273 If more lines are needed please submit a second form.