Tapestries, Ltd.

SALES ORDER FORM

Account #_____ Date_____

Company Name_____Contact_____

Purchase Order #_____Ship Date_____ Sales Rep_____

Company Type ☐ Furniture/Accessories Store ☐ Rug Store ☐ Contract Design Firm ☐ Residential Design Firm ☐ Other_____

Billing Address:

_____

_____

_____

Phone_____

Shipping Address:

_____

_____

_____

Phone_____

Orders are shipped UPS Ground. To ship via FedEx, check box ☐ FedEx Acct. #_____

Item #	Name/Description	Price	Quantity	Amount
		TOTAL		

Comments_____

_____

Confirmed Order ☐ Hold For Confirmation ☐ Request a Price Quote ☐

Payment: VISA____ MC____ AMEX____ DISCOVER_____ Existing NET 30 Account _____

Credit Card # _____Expiration Date _____/_____

Card 4 or 3 digit code_____ Card Billing Address_____

Signature **X**_____

1206 Trinity Ave. High Point, NC 27260
Phone 336-883-9864 Fax 336-884-1137
Toll Free Ordering: Phone 888-827-7583 Fax 888-827-7584
e-mail info@tapestriesltd.com