



Furniture Imports, Inc.

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E-Mail: info@furnitureimports.com

PURCHASE ORDER FORM

(Please fill in ALL information)

Date: _____

PO#: _____

Bill To:

Ship To:

Contact Name: _____

Phone #: _____

Phone #: _____ ext: _____

Tag for: _____

Fax #: _____

Must Receive By: _____

E-Mail: _____

Is this a sample? _____

Freight: (Check One)

Collect Third Party: Quote: _____ Carrier: _____

Prepaid & Added - Quoted by: _____ Amount: _____
(name)

Quantity	Style #	Description	Net Cost	Amount
		<ul style="list-style-type: none"> Type: Chair Bar Stool (please circle one) Finish: _____ Upholstery: _____ Bar Stool Height: _____ Opt. Foot Rest: Brass Chrome (please circle one) 		
		<ul style="list-style-type: none"> Type: Chair Bar Stool (please circle one) Finish: _____ Upholstery: _____ Bar Stool Height: _____ Opt. Foot Rest: Brass Chrome (please circle one) 		
		<ul style="list-style-type: none"> Type: Chair Bar Stool (please circle one) Finish: _____ Upholstery: _____ Bar Stool Height: _____ Opt. Foot Rest: Brass Chrome (please circle one) 		

Assisted by: _____
(RZ Sales Assoc.)



Sub Total: \$ _____

Freight: \$ _____

TOTAL: \$ _____