



carolina accents

FABRIC FRONT

Please clip a piece of your fabric in this space with the correct side facing up.

C.O.M. ORDER FORM (PLEASE PRINT)

ALL INFORMATION MUST BE COMPLETE OR YOUR ORDER WILL BE DELAYED.

Please provide all of the following information:

COMPANY NAME: _____
CONTACT: _____
ADDRESS: _____
CITY/STATE: _____
ZIP: _____
PHONE: _____
FAX: _____

SHIP TO ADDRESS: _____
CONTACT: _____
ADDRESS: _____
CITY/STATE: _____
ZIP: _____
DAYTIME PHONE: _____
EVENING PHONE: _____

Please indicate style, quantity, and method of payment (no more than one frame style and fabric per order form).

FRAME STYLE _____ LEG CHOICE _____

DESCRIPTION _____ QTY _____

NOTE: Pricing is determined by adding standard list price with selected leg choice and adding a \$15.00 handling charge per unit. Freight charges will be actual and added to your total. **All C.O.M. orders must be prepaid in advance.**

Units _____ @ Item List Price _____ each = \$ _____

Units _____ @ Handling Charge \$15.00 each = \$ _____

Sub-total = \$ _____

Shipping (actual) = \$ _____

Total = \$ _____

Check or Money Order

Charge: Circle type of card and fill in the blanks.

VISA

MASTERCARD

Account # _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____

Cardholder's Billing Address (if different from ship-to address above) _____

I HAVE READ THIS INFORMATION PACKET CAREFULLY AND UNDERSTAND THAT BECAUSE THIS IS A CUSTOMIZED ORDER, CHANGES OR CANCELLATIONS ARE NOT POSSIBLE. I recognize that the delivery of my COM order is based upon when Carolina Accents receives the appropriate yardage from me. Finally, I acknowledge that COM ITEMS ARE NOT RETURNABLE FOR REFUND OR EXCHANGE.

Signature _____

Date _____