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FOR OFFICE USE ONLY	
Cut Off Date	
Required Date	
Ship Date	
Return Date	

ORDER FORM

Today's Date: MC VISA AMEX Security Code (3 digits on back of card) Credit Card No. Exp. Date Credit Card Billing Address: (As it appears on your credit card statement) Name on Credit Card Company Name Address City St Zip Phone: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address) Contact Name	
Credit Card No.	
Credit Card No.	
Credit Card Billing Address: (As it appears on your credit card statement) Name on Credit Card Company Name Address City St Zip Phone: Fax: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address)	
Name on Credit Card Company Name Address City St Zip Phone: Fax: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address)	
Company Name Address City St Zip Phone: Fax: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address)	
Address City St Zip Phone: Fax: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address)	
City St Zip Phone: Fax: Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address) Contact Name	
Phone: Fax: Email: Fax: Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address) Contact Name	
Email: Pick-up Delivery or Ship to Address (If Different from Billing Address) Ship to: (fill out only if different from billing address) Contact Name	
Ship to: (fill out only if different from billing address) Contact Name	
Ship to: (fill out only if different from billing address) Contact Name	
Ship to: (fill out only if different from billing address) Contact Name	
Contact Nama	
Contact Nama	
Company Name	
Address	
City St Zip	
Phone: Fax	
* \$100 MINIMUM ORDER *	
	otal
Sub total	
Terms: Prepay (Sales Tax applicable Sales Tax	
to CA residents only) Shipping	
Total	
Deposit: Full amount will be charged at the time of order. Shipping – Order will be shipped via UPS or delivered by our Truck (depends on location). Shipping charges will be added. Customer Service: Call (M-F 9:00am to 5:00pm PST) Telephone Number to call: (626) 303-0083 Fax: (626) 303-6366 Quality - Not responsible for slight variation in color due to different dye lots. Instructions: Form must be completely filled out, signed and fax back to us for order to be processed.	
Signed Date	