

DEALER DIVISION CHENILLE ORDER FORM

sales@hollowayvarsity.com 855-729-3024

I N V O I C E T O	ACCOUNT #	NAME	
	ATTN		
	ADDRESS		
	CITY	STATE	ZIP
	PHONE		

S H I P P I N G	<input type="checkbox"/> GROUND	EMAIL <i>Proofs will be sent to the following email address(es).</i>	
	<input type="checkbox"/> 3-DAY SELECT		
	<input type="checkbox"/> RED		
	<input type="checkbox"/> BLUE		

DATE	DATE RECEIVED
PURCHASE ORDER	ORDER NUMBER

Same as "Invoice To" unless shown here:

S H I P T O	NAME		
	ATTN		
	ADDRESS		
	CITY	STATE	ZIP
	PHONE		

Please attach special instructions. In order to match your current chenille offering, please send an example or attach a photo.

QUANTITY	STYLE	SIZE	DETAILS	PRODUCT DESCRIPTION
			CHENILLE	PREVIOUS ORDER NUMBER:
			TOP FELT	
			BACK FELT	
			MOUNT/SATIN	
			CHENILLE	PREVIOUS ORDER NUMBER:
			TOP FELT	
			BACK FELT	
			MOUNT/SATIN	
			CHENILLE	PREVIOUS ORDER NUMBER:
			TOP FELT	
			BACK FELT	
			MOUNT/SATIN	
			CHENILLE	PREVIOUS ORDER NUMBER:
			TOP FELT	
			BACK FELT	
			MOUNT/SATIN	