

# 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 Proofs will be sent to the following email address(es).
	<input type="checkbox"/> 3-DAY SELECT	
	<input type="checkbox"/> RED	
	<input type="checkbox"/> BLUE	

DATE	Office Use Only 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	