



We get you working fast.



Florida Customer Information CREDIT CARD PURCHASE ORDER FORM

Contract Number 425-001-06-01

Date: _____

P.O. #: _____

Complete Name and Address of Cardholder:

Ship to:

Cardholders Telephone #: _____

Attention: _____

Credit Card #: _____

Special Instructions: _____

Expiration Date: _____

Please provide us with your email or fax number if you would like a copy of your credit card receipt.

Dealer: _____

Email: _____

Phone #: _____

Fax Number: _____

Qty.	Catalog Number / Description	List	Extended

Extended List Total: _____

Freight \$: _____ Reconfiguration \$: _____

Florida Discount: _____

Design \$ _____ Installation \$: _____

Net Cost Total: _____

I authorize Maxon Furniture Inc to charge my credit card for:

Order Total \$: _____

Cardholder Signature: _____

**** YOUR CREDIT CARD WILL BE CHARGED AT THE TIME THE ORDER IS PLACED FOR PRODUCTION.