

RENNOC®

DEALER DIVISION

CHENILLE ORDER FORM

email orders to: rennoc@rennoc.com

Office Use Only

DATE

DATE RECEIVED

PURCHASE ORDER

ORDER NUMBER

Same as "Invoice To" unless shown here:

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

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

S H I P P I N G	<input type="checkbox"/> GROUND
	<input type="checkbox"/> 3-DAY SELECT
	<input type="checkbox"/> RED
	<input type="checkbox"/> BLUE

EMAIL
Proofs will be sent to the following email address(es).

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	