



PURCHASE ORDER FORM

Date: _____ Architex Account Number (Optional): _____

Purchase Order Number: _____ Sales Resale Tax: _____

| | |
|--|---|
| Company Name & Billing Address: | Ship to: Must provide all information |
| Company Name: _____ | Company Name: _____ |
| Billing Address: _____ | Physical Address: _____ |
| _____ | Phone Number: _____ |
| _____ | Contact Name: _____ |

Project Title | Location (City/State) REQUIRED: _____

Design Firm | Architect Specifying This Project: _____

| Pattern Name and Color | Quantity | Price | Tagging |
|------------------------|----------|-------|---------|
| | | | |
| Special Finishes: | | | Price: |
| | | | |

| Pattern Name and Color | Quantity | Price | Tagging |
|------------------------|----------|-------|---------|
| | | | |
| Special Finishes: | | | Price: |
| | | | |

CFA: _____ CFA ship to: _____

Contact Information for the order:

Name: _____ Phone Number: _____

Email: _____

Shipping Method: _____ UPS or FedEx Account #: _____

Please note, if nothing is requested the default is FedEx Ground. Shipping is at customer's expense, estimated shipping date to be confirmed upon acceptance of order.

EMAIL FOR INVOICES: _____

CHECK HERE: _____ I acknowledge and accept the Architex Terms of Use and Sale.

This purchase order and terms are subject to acceptance by Architex. If all the information is not provided we will be unable to process this order.