

WIUSA.com Order Form

To Place Order:

1. Print this page.
2. Complete all sections.
3. If paying by credit card fax form to 214-631-4654. If paying by Cashier's Check mail form with Cashier's Check to:
WIUSA, Attn.: Order Department, PO Box 567949, Dallas, TX 75356.

| | | |
|-----------------|---------------------------------|------|
| BILL TO: | | |
| Company: | | |
| Name: | e-mail: | |
| Address 1: | Phone: () - ext. | |
| Address 2: | Alt. Phone: () - ext. | |
| City: | State: | ZIP: |

| | | |
|--------------------------------|--------|------|
| SHIP TO: | | |
| Company: | | |
| Name: | | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | ZIP: |
| Special Shipping Instructions: | | |

| Item Number | Product Description | Qty | Price | Amount |
|-------------|---------------------|-----|-------|--------|
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Notes:

1. Remember to include your fabric / vinyl / color cork choice when ordering.
2. If the "ship to" destination is in the State of Texas, proper state and local sales tax will be added.
3. Shipping / Freight Charges will be added.
4. You will be notified of the final charges for approval prior to your credit card being charged.

Payment Information

| | | | |
|---|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> VISA | <input type="checkbox"/> M/C | <input type="checkbox"/> AMEX | <input type="checkbox"/> By checking here, you acknowledge that you have read and agree to our Sales Terms and Conditions. We will not be able to process your order otherwise. |
| Card Number: | | | EXP: |
| Card Holder Name: | | | |
| Signature: | | | |
| NOTE: The "Bill To" address MUST be the same as the billing address for the credit card | | | |