



Flooring Fax Order Form
Phone 888.341.2423
Fax 866.206.5581

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|--|---|--|--------------------------------------|
| Customer Name | | Account Number | |
| Address | | | |
| PO Number | | Phone Number | |
| Requested Install Date | | Fax Number | |
| Unit Number | Is Unit Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | Furniture/Appliance Move <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Floor Plan | Is This For A Move In <input type="checkbox"/> Yes <input type="checkbox"/> No | Move In Date | |
| Carpet Order | | | |
| Carpet Style | | Color | |
| Pad Installed With Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No | | Odor Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Special Instructions | | | |
| Vinyl Order | | | |
| Vinyl Style | | Vinyl Pattern | |
| Areas to Install (Please check all areas that vinyl is to be installed) | | | |
| <input type="checkbox"/> Complete Unit | <input type="checkbox"/> Entry | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Master Bath |
| | <input type="checkbox"/> Other Bath | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Dining Room |
| Other Area (please specify) | | | |
| Cove Base Color <input type="checkbox"/> White <input type="checkbox"/> Almond <input type="checkbox"/> None | | | |
| Special Instructions | | | |
| Authorized Signature | | Date | |