

# ORDER FORM

	DATE: _____
NAME: _____	TEL: _____
ADDRESS: _____	CITY _____ STATE _____ ZIP _____
SHIP TO: _____	TEL: _____
	CITY _____ STATE _____ ZIP _____

QTY	DESCRIPTION	SERIES	COLOR	PRICE	EXTENSION
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<b>MURPHY BED</b>					
		X	X		

<b>MURPHY MATTRESS</b>					
		X	X		

<b>BED CABINET</b>					

<b>WALL UNIT ORGANIZERS</b>					

<p><b>WHEN ORDERING MULTIPLE ITEMS, CALL FOR RATE QUOTE</b></p> <p><b>SHIPPING ALL FREIGHT DELIVERIES ARE TO THE REAR OF TRUCK. CUSTOMER RESPONSIBLE TO TAKE FREIGHT OFF TRUCK &amp; INTO HOME.</b></p>	<b>MERCHANDISE TOTAL</b>				
	TIME ZONES				
	EAST	CENTRAL	MOUNTAIN	PACIFIC	
MURPHY BED	115.00	135.00	150.00	160.00	
BED CABINET	115.00	135.00	150.00	160.00	
WALL UNIT SHIPPED WITH BED CABINET	45.00	50.00	60.00	70.00	
MATTRESS	105.00	115.00	125.00	145.00	
NY RESIDENTS ADD SALES TAX					
<b>TOTAL DUE</b>					

PLEASE USE ABOVE ORDER FORM. SELECT ITEM, QUANTITY AND COLOR IF CABINETRY IS ORDERED.  
 ADD COST OF SHIPPING BASED ON YOUR TIME ZONE AND TAX IF REQUIRED.  
 METHOD OF PAYMENT: CASH, CHECK, MONEY ORDER, MC, VISA OR DISCOVER CARD.

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PRINT NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_