



HOME FURNITURE & ACCESSORIES ORDER FORM

NAME: _____

DATE REQUIRED: _____

ADDRESS: _____

PHONE NUMBER: _____

	ITEM	ITEM NUMBERS	PRICING
LIVING ROOM	SOFA		\$
	LOVESEAT		\$
	CHAIR		\$
	OTHER		\$
DINING ROOM	TABLE		\$
	CHAIR		\$
	OCCASIONAL		\$
	OTHER		\$
KITCHEN	TABLE		\$
	CHAIR		\$
	OTHER		\$
BEDROOM	BED		\$
	NIGHTSTAND		\$
	CHEST		\$
	DRESSER/MIRROR		\$
	OTHER		\$
BATH	OTHER		\$
OTHER	OTHER		\$
PLEASE NOTE: WILL ADVISE OF STOCK AVAILABILITY UPON RECEIPT OF THIS FORM			
			SUBTOTAL
			\$
			5% GST
			\$
			TOTAL
			\$
			METHOD OF PAYMENT

Please submit completed form by fax to **403. 271.7405**
or by email to **stagerightcalgary@shaw.ca**