



cape

CONTRACT FURNITURE INC.

WWW.CAPEFURNITURE.NET
91 CITATION DRIVE, UNIT 8-10
CONCORD, ONTARIO L4K 2Y8

SAMPLE REQUEST FORM

Rep Firm

Rep Name

Ordered By:

Date:

Product Name Required:

Product Model # Required:

Description:

ANY Special Finish Request:

Project Name:

Spcifier:

Quantity For Project:

Bill To:

Name:

Address:

City, State/Prov:

Zip/Postal Code:

Phone:

Ship To:

Name:

Address:

City, State/Prov:

Zip/Postal Code:

Phone:

Call Before Delivery: YES NO please circle

Contact Name:

Contact Phone:

Drop Dead DATE Required at Ship To Address:

Pick Up/Return Date (if known):

Tagging Information:

Special Requests: