



- SAMPLE REQUEST FORM -

Ordered by: _____

Date: _____

Product Name Requested: _____

Product Model # Required: _____

Description: _____

Any Special Finish Request: _____

Project Name: _____

Specifier: _____

Quantity for Project: _____

*Product Samples are Supplied by CAPE Furniture at No Charge. If an order is generated from the sample, any order over \$5000.00 NET, the freight amount will be credited to that order. Freight from CAPE and back to CAPE is the responsibility of the dealer or the Cape representative. The quoted freight amount MUST be approved by either party prior to shipping.

BILL TO:

Name: _____

Address: _____

City, State/Prov: _____

Zip/Post Code: _____

Phone _____

SHIP TO:

Name: _____

Address: _____

City, State/Prov: _____

Zip/Post Code: _____

Phone _____

Call Before Delivery: Yes No

Contact Name: _____

Contact Phone: _____

Absolute Deadline Date Required at Ship to Address: _____

Pick Up/Return Date (if Known): _____

Tagging Information: _____

Freight Amount: _____

Freight Approval By: _____

Special Requests: _____

*AN ABSOLUTE DEADLINE THAT CANNOT BE MISSED