

CONVENIENT ORDER FORM



SIMPLY COPY AND COMPLETE THIS FORM, THEN FAX TO THE STORE NEAREST YOU!
VISIT ARVEYSTORES.COM FOR YOUR NEAREST LOCATION AND CONTACT INFORMATION.

Customer Account #: _____

Name: (First) _____ (Last) _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____

Fax: _____ E-mail: _____

IS THIS A NEW ORDER? YES NO IS THIS AN ADDITION TO AN EXISTING ORDER? YES NO

ARE SUBSTITUTIONS ACCEPTABLE IF NECESSARY? YES NO

SKU#	PRODUCT DESCRIPTION	UNIT PRICE	QTY	TOTAL PRICE

PICK-UP AT STORE

DELIVERY

Shipping Address (if different from above): _____

City: _____ State: _____ Zip: _____

PAYMENT METHOD

(Must be completed for processing)

Cash Check Store Charge# _____

Credit/Debit Card# _____ Expiration Date _____

If you wish to confirm receipt or your fax, please call the store one hour after transmitting.
Visit arveystores.com for your nearest location and contact information.