

## Swatch Box Order Form

Dress My Chair Corporate office Fax Number: 949.515.1553  
729 West 16<sup>th</sup> Street C-3 Costa Mesa, CA 92627  
Phone: 949.515.1517

Ship to:

NAME: \_\_\_\_\_ (Please print)

NAME OF COMPANY (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (No P.O. Boxes)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

GIFT MESSAGE: \_\_\_\_\_

Please mail a Swatch Box loaded with large swatches and price list to the above address.  
No sales tax for swatch boxes sent out of state. \$45.00 plus applicable tax. Non-refundable.  
Price includes shipping in the United States. Please allow 1-2 weeks to arrive.

NAME & INFORMATION of person ordering: \_\_\_\_\_ (Please print)

NAME OF COMPANY (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (No P.O. Boxes)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Name & Info of credit card holder \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ (No P.O. Boxes)

PHONE NUMBER: \_\_\_\_\_

I give my expressed written consent to charge my credit card \$45.00 plus applicable tax for Swatch box  
X \_\_\_\_\_ (initial)

Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Amex Discover M/C VISA Check enclosed Money Order enclosed

V-code on credit card: \_\_\_\_\_ Card holder Driver's License: \_\_\_\_\_

Copy of Driver's license must be sent in to verify cardholder.