



Pricing & Availability Form Page 1 of 1

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|-----------------------|---|
| <u>COMPANY</u> | |
| Your Name: | _____ |
| Company: | _____ |
| Customer #: | _____ If you have your customer # you may leave the rest of this block blank |
| | |
| Address: | _____ |
| | _____ |
| City: | _____ State: _____ |
| Zip: | _____ |
| Phone: (____) _____ | |
| FAX: (____) _____ | |
| E-Mail: _____ | |
| Web: _____ | |

| QTY | PRODUCT# | DESCRIPTION | FINISH | NOTES |
|-----|----------|-------------|--------|-------|
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ADDITIONAL NOTES ETC.

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| NOTES |
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**Please Fax or E-Mail this completed form to. FAX (434) 237-5560
or E-Mail: Info@DavidMichaelFurniture.com**