



VOGEL

BY CHERVIN

PURCHASE ORDER FORM

DEALER INFORMATION

COMPANY NAME		ADDRESS	
CONTACT NAME		ADDRESS	
PHONE	FAX	EMAIL ADDRESS	

PURCHASE ORDER #	TAG NAME
DATE SENT	REQUESTED DELIVERY

ORDER DESCRIPTION

QTY	PRODUCT NUMBER	PRODUCT SPECIFICATIONS	CUSTOM DETAILS/NOTES
		Body Fabric	
		Accent Pillow Fabric	
		Wood Finish	

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		Accent Pillow Fabric	
		Wood Finish	

SIGNED _____

DATE ____/____/____