American LinenSupplier.com

"We cut cost not quality"

Order Form

Date of Order _____ Date Shipped _____

Bill To

Name: _____

Address: _____

City_____ State:_____ Zip:_____

Phone_____ Fax_____

Email Address: _____

Order by: _____

Ship To Residential or Commercal (circle one)

Name: _____

Address: _____

City_____ State:_____ Zip:_____

Phone_____ Fax#_____

Email Address: _____

Contact_____

CREDIT CARD # _____ **Exp Date**_____/_____

Visa - MasterCard - Am Express (circle one) **Credit Card Verification Code:** _____

Card Holder's Name _____

Card Holder's Signature _____

Cards Billing Address _____

City _____ **State**_____ **Zip** _____

Qty	Size	Full Item name	Color

ALL CLAIMS MUST BE MADE WITHIN 3 DAYS OF RECEIPT OF MERCHANDISE. RETURNS MUST BE AUTHORIZED AND GIVEN A RETURN AUTHORIZATION # BY OUR OFFICE. THERE IS NO RETURNS ON USED OR LAUNDERED MERCHANDISE. A 25% RESTOCKING FEE WILL BE CHARGED ON RETURN OF ALL STOCK ITEMS. VERBAL ORDERS ARE CONSIDERED FIRM.