



Requested by: _____ Company: _____

Fax #: _____ Phone #: _____

CATALOG ORDER FORM

Thank you for your request for the Saladino Furniture catalog. Please complete this form providing us with your credit card information with authorized signature and return at your convenience by:

FAX (212) 684 3257 EMAIL info@saladinogroup.com POST (address below)

If you prefer you may remit payment by check please make payable to *Saladino Furniture, Inc.*
Cost of catalog shipping within the United States: \$55.00 USD including delivery
For shipments abroad: \$90.00 USD (international shipping included)*

DATE _____

NAME ON CARD _____

BILLING ADDRESS _____

CREDIT CARD VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS ___

Credit Card No. _____

EXPIRATION DATE ___/___/___ SECURITY CODE _____

Ship To Address
(If different than Billing) _____

TELEPHONE No. _____ Email: _____

Card Holder Signature _____

***Your order will be processed in 24 hours shipping via UPS Ground (USPS for overseas delivery) unless otherwise specified. Please allow up to 5 business days for domestic delivery.**

THANK YOU

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SALADINOSTYLE.COM