| My Bar Stools Fax Order Form | www.MyBarStools.com |
|-----------------------------------|--|
| | |
| One Way Furniture | Fax Your Order: 631-249-4392 |
| PO Box 1477 | Anytime 24hrs. / 7 Days a week |
| Melville, NY 11747 | |
| | Phone Your Order: 631-249-4390 |
| | |
| Shipping Address: | Billing Address: (As it appears on your credit card) |
| | Same as Shipping Information |
| Name: | Name: |
| | |
| Company Name: (If applicable) | Company Name: (If applicable) |
| | |
| Address: | Address: |
| | |
| Address 2: (Suite, Floor, Apt #.) | Address 2: (Suite, Floor, Apt #.) |
| | |
| City, State, Zip: | City, State, Zip: |
| | |
| Daytime Phone #: | Daytime Phone #: |
| () - | () - |
| Email: | Email: |

| Payment Method | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 🗆 Check 🗖 Money Order 🗖 Visa 🗖 Master Card 🗖 American Express 🗖 Discover | | | | | | | | | | | | | | | |
| Credit Card Number: (One digit per box) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Expiration Date: (dd/yy) Security Code: | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | |
| (required) | | | | | | | | | | | | | | | |
| I have read the <u>return policy</u> posted on the website and agree to the terms. | | | | | | | | | | | | | | | |

| Item Number | Color / Finish | Description | Qty. | Unit Price | Total | | |
|---|----------------|-------------|------|------------|-------|--|--|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Merchandise Total | | | | | | | |
| (NY Residents add 8.625%) Sales Tax | | | | | | | |
| (FREE for continental US order, call for others) Shipping | | | | | | | |
| Handling Service Charge | | | | | | | |
| ORDER TOTAL | | | | | | | |