



# Salli Order Form

Please complete this form, sign it and fax it to 310.246.1228 Please complete one form per chair.



Chair Type  Classic \$775  Twin \$775  Multi \$999

Chair Finish  Chrome  Black

Chair Color Number \_\_\_\_\_

Low fits 4' to 5'2" (Seat height 18.5"-23")  
Medium fits 5'1" to 6'1" (Seat height 22.5"-30")  
Tall fits 5'5" and over (Seat height 25"-35")

Floor Surface  Hard  Carpeted

Cylinder Height  Low  Medium  Tall

Ordered by \_\_\_\_\_ Email Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing City \_\_\_\_\_

Mailing State \_\_\_\_\_

Mailing Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Credit Card Security Code \_\_\_\_\_

Is the mailing address the same as the credit card billing address?  Yes  No

If yes, please sign and date the form. If no, please complete the billing information and then sign and date the form.

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_

Billing Zip \_\_\_\_\_

I authorize my credit card to be charged for the retail price of the chair I have ordered, plus shipping of \$35 per chair, plus tax (tax is only charged for chairs shipped to a California address). I acknowledge that this chair is furniture and therefore no returns are accepted except for purposes of defective merchandise, which is covered directly by Salli under their warranty.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notes \_\_\_\_\_  
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