

FAX TRANSMISSION

DATE _____

FROM

Fax # _____
Ph. # _____

TO

Magi Seal
Fax # 724-733-4176
Ph. # 724-327-3068

Please Magi Seal: ☐ In Home

☐ In Shop

Customer: _____

Address: _____

City, Zip Code: _____

Area Code & Phone: (H) _____

(W) _____

The Following Items and Quantities:

___ Sofa	___ Sectional	Dining Room Chairs
___ Sofa Bed Mattress	___ Additional Seats	___ Seats Only
___ Loveseat	___ Chair ½	___ Seats & Backs
___ Chaise	___ Oversized Otto	___ Fully Upholstered
___ Chair	___ Slipper Chair	
___ Ottoman	___ Pillows	
___ Other	_____	

Order # _____

Delivery Date _____

Salesperson Decsign Co, Inc

Thank You, Magi Seal Appreciates Your Business