adirondackdirect

Institutional Furniture Experts Since 1926

mail
30-40 48th Avenue
Long Island City, N.Y. 11101
Att: Order Processing Dept.

fax 800-477-1330
call 800-221-2444

www.adirondackdirect.com

DMA Member

To expedite your order, please provide 9-digit Priority Number from back cover:

___ ___ ___ ___ ___ ___ ___ ___ ___

Salesperson: _____

Does this confirm a telephone order? ❑ no ❑ yes

Have you ordered from us before? ❑ no ❑ yes

SOLD TO (Organization)			**SHIP TO** (If different from Sold To)		
ATTENTION OF			ATTENTION OF		
STREET ADDRESS		P.O. BOX #	DELIVERY ADDRESS (We cannot ship to a P.O.Box)		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE# ( )		YOUR ORDER #	• FOR INSIDE DELIVERY ONLY (ADD'L CHARGE) CHECK HERE ❑		
FAX# ( )			• FOR INSIDE DELIVERY AND INSTALLATION (ADD'L CHARGE) CHECK HERE ❑		
*E-MAIL:			• FOR NOTIFICATION BEFORE DELIVERY ($9.75 CHARGE), CHECK HERE ❑ AND LIST YOUR PHONE # ( )		

*Email information will expedite confirmation of your order. This information will not be shared with any third parties.

FOR OFFICE USE	QUANTITY	MODEL #	ITEM (include height if needed)	COLOR	UNIT	TOTAL

Shipping and handling charges will be applied.
Please call 800-221-2444 for exact charge.
NY and NJ add sales tax if applicable.

SHIPPING & HANDLING CHARGES
SALES TAX
TOTAL

ALL ORDERS MUST BE SIGNED — Authorized Signature — Title — Date

PAYMENT METHOD

❑ **On Account** (Existing Accounts Only)
Acct. No.: _____

❑ **Open New Account** (Note: Deposit may be required)
Bank Name: _____
Acct. No.: _____
Bank Phone: ( ) _____
Acct. Officer: _____

Adirondack normally extends credit to D&B rated businesses and most churches, schools and organizations. By providing your account informaton, you are authorizing the release of credit information from your bank.

❑ **Check Enclosed** for $_____
Bill us for shipping & handling. Bank information provided.
Note: Full payment required for all parts and overseas orders.

❑ **Telecheck:** We accept checks by phone, just provide all of the numbers printed on your check:
_____

❑ **Leasing Options:** Call for details.

Credit Card

❑ AMERICAN EXPRESS ❑ VISA ❑ MasterCard ❑ DISCOVER NOVUS ❑ GSA

Acct. No.: _____

Expiration Date: (Mo.) __ __ (Yr.) __ __

Master Card - include the 4 digits above signature __ __ __ __