



ORDER FORM

Order Desk:
Ph: 450.471.4172 | Fax: 514.409.2007
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France Perron: Ext. 2677 | france.perron@jaymar.ca

Store: _____

Salesperson: _____

Customer name: _____

Date: _____ PO: _____

MODEL CHOICE (For OPTIMA Models, please refer to the Optima Order Form)

MODEL: _____

Configuration: _____
Indicate the skus (Example: 096-055-177-170)

COVER AND FINISH CHOICES

COVER: _____ **Grade:** _____
Cover family name and color name (Example: Illusion, Charcoal)

LEGS (specify color)

METAL Stainless steel Matte Black *only on models with legs LG189 or LG196

WOOD Beech B-9 Black B-6 Charcoal 074 Cognac C-33 Pearl P-14
 Tobacco T-2 Tea T-37 Wheat 92 White W-11

WOOD BASE *Swivel Chair **Color:** _____

NAILS (validate the available choices according to our price list) **Color:** _____

OPTIONS (extra per seat)

<input type="checkbox"/> Power recliner	\$ _____	Qty _____	Total _____
<input type="checkbox"/> Wireless power recliner (battery)	\$ _____	Qty _____	Total _____
<input type="checkbox"/> Extra-firm foam	\$ _____	Qty _____	Total _____
<input type="checkbox"/> Memory foam	\$ _____	Qty _____	Total _____

SOFA BED MATTRESS (available on certain models only)

Coils Coils and Memory foam with gel \$ Foam and Memory foam with gel \$

OTHER OPTIONS PER COLLECTION (extra)

PARALLELE COLLECTION

Seat Depth: 20" 22"
Arm Width: Large (8" to 11") Small (6")

FASHION COLLECTION

Cushions: Fashion I Fashion II

Color combo: _____
Indicate the color name for the accent cushions and/or the skus

RUBIX COLLECTION

Cover for cylindrical cushions: _____

Color combo: _____
Indicate the 2nd cover choice and the skus

NOTES

