



Catalog Order Form

All orders must be submitted in writing and signed by authorized personnel

~ Please print clearly ~

Company Name: _____

DBA: (if applicable) _____

Account #: _____ (The 8 digit account # must be included for processing)

Billing Address: _____

Shipping Address: _____

Telephone: _____

Fax: _____

Email: _____

Contact Name: _____

Catalog Format:

Please send me _____ copy/ies of the latest Central Oriental Catalog. **3-RING BINDER FORMAT**

Please send me _____ copy/ies of the latest Central Oriental Catalog. **COMPACT DISC (CD) FORMAT**

I understand that I will be billed \$35.00 per Catalog and/or CD I order (plus freight).

I may submit the \$35 rebate coupon enclosed in the catalog and use it toward my next order of \$100 or more once the catalog invoice is paid in full.

Authorization:

Name: _____

Position: _____

Signature: _____

Date: _____

Please note: By signing this form you are agreeing to the terms and fees for this purchase.

Return by mail or fax to:

Central Oriental
155 Brookside Avenue
West Warwick, RI 02893

Tel: (401) 828-5400
Fax: (401) 828-5675
Attn: Kara Marziali

For Office Use Only:

Received Date: _____

Tracking Info:

Comments: _____

Billed: _____