

Employee HomePerks Sales Order Form

Please fill out completely. This form must be **signed, dated, and returned** to Employee HomePerks
 Please retain a copy for your records. Orders can be faxed to 901/ 201-5788 or
 you may take a picture and text it to 901/310-0210. Customer Service Phone# 901-310-0210
 If paying by check (make payable to Employee HomePerks) and mail this form and check to :
 EMPLOYEE HOMEPERKS: P.O. BOX 261 OAKLAND, TN 38060

Print Employee Name: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Work Location: _____

SAP#: _____

***I UNDERSTAND ALL SALES ARE FINAL AND THERE ARE NO CANCELLATIONS, RETURNS, OR REFUNDS. Initial Here: _____**

***ALL UPHOLSTERED MERCHANDISE MUST BE INSPECTED BEFORE REMOVAL FROM THE WAREHOUSE. NO DAMAGE CLAIMS CAN BE MADE ON UPHOLSTERED ITEMS AFTER IT IS REMOVED FROM THE WAREHOUSE. Initial Here: _____**

***DAMAGE CLAIMS *MUST* BE FILED ON NON-UPHOLSTERED ITEMS WITHIN 48 HOURS AFTER PICK UP Initial Here: _____**

(There will be NO replacements for damages on non-upholstered items if reported after the 48 hour period.)

Employee Signature: _____ Date: _____

	A	B	C	D	E	F
1	Vendor Name and Description	Model Name or Number	Quantity	Price		
2					Subtotal	
3					CC FEE 2.64%	
4					TAX 9.75%	
5					Total	

An email confirmation will be sent to you once we receive your form.

Lead Time will vary depending on your type payment.

**Orders are placed after 1/2 your balance is paid. There is a Estimated 4-8 week lead time on all orders
 Custom orders and Backordered items can be estimated at 10-12 week lead times.**

CHOOSE YOUR PAYMENT BELOW: SOME COMPANIES DO NOT ALLOW PAYROLL DEDUCT

PAYROLL DEDUCT (Number of Payments) _____ AMOUNT: _____ Initial Here: _____

Credit/Debit Account # _____ - _____ - _____ Exp. Date: ____-____-____ CVC Code: _____

Paying by Check or Money Order # _____

Paying by Layaway (please initial here): _____