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Houston, Texas 77055



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ORDER FORM

Requested By: _____ Date: _____

Company Name: _____

Phone #: _____ Fax: _____

Delivery Date: _____ Pick-up Date: _____ Adjustment Date: _____

Complex Name: _____ Phone #: _____

Delivery Address: _____ Unit #: _____

City: _____ Zip: _____ Floor (select one) 1st 2nd 3rd 4th

Lock Box Code: _____ Elevator Time: _____ Loading Dock Time: _____

FURNITURE PACKAGES

UNIT TYPE: (select one) 1-Bedroom 2-Bedroom 3-Bedroom

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Alford | <input type="checkbox"/> Tatiana Cherry | <input type="checkbox"/> Espresso |
| <input type="checkbox"/> Liberty Creek | <input type="checkbox"/> Maple | |

BED SIZES: (choose from: King, Queen, or Twin)

Master: _____ 2nd Bedroom: _____ 3rd Bedroom: _____

***ADDITIONAL ITEMS: *See additional price list for rates.**

- | | | |
|--|--|---|
| <input type="checkbox"/> TV (Please select): | <input type="checkbox"/> TV Stand | <input type="checkbox"/> *Bar Stools |
| <input type="checkbox"/> 26" HD Flat | <input type="checkbox"/> Pictures Qty: _____ | <input type="checkbox"/> Quantity : _____ |
| <input type="checkbox"/> 32" HD Flat | <input type="checkbox"/> Plants Qty: _____ | Size: <input type="checkbox"/> 24" <input type="checkbox"/> 30" |
| <input type="checkbox"/> 42" HD Flat | <input type="checkbox"/> Microwave | |
| <input type="checkbox"/> DVD | <input type="checkbox"/> Vacuum | |
| <input type="checkbox"/> Blue Ray | <input type="checkbox"/> Other: _____ | |

LEASE INFORMATION

(select one): Short Term _____ days 3-Month 6-Month 1 Year

Monthly Rental Rate: \$ _____ (includes tax) Delivery/Adjustment Charge: \$ _____

SPECIAL INSTRUCTIONS