



Order Form

4018 N. Valdosta Rd • Valdosta, GA 31602
229.242.9899 • FAX 229.242.9831
service@rugsabound.com • www.RugsABound.com

BILLING ADDRESS:

Phone: _____

Name: _____

Address: _____

City, ST, Zip: _____

Email Address: _____

SHIPPING ADDRESS (if different)

Phone: _____

Name: _____

Address: _____

City, ST, Zip: _____

Collection Name:	Pattern:	SKU:	Size:	Color	Quantity	Price	Total
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Please List Any Special Instructions or Promo Codes Here:

Sub Total: \$ _____

Shipping: FREE in Continental US

Sales Tax (7 % GA only): \$ _____

Total: \$ _____

Name as it appears on credit card:

Type of card: American Express ___ Discover ___ MasterCard ___ Visa ___

Card Number: _____

Billing Address (as it appears on statement): _____

Expiration Date: _____ Security code (last 3 digits on back of card): _____

I authorize RugsABound.com to charge my credit card for payment for the purchase listed above:

Signature: _____