

***LAST UPDATED 12/26/19**

First Name: _____ Last Name: _____

Address: _____

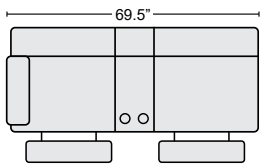
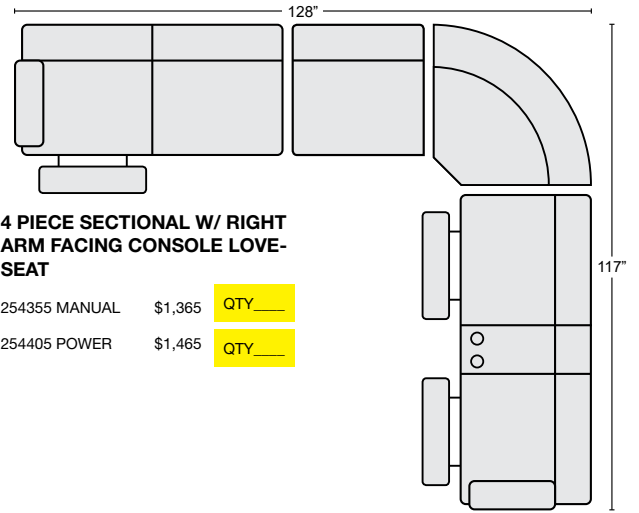
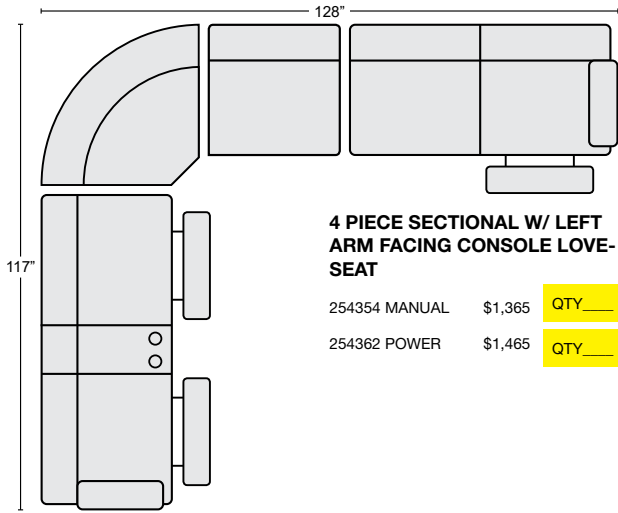
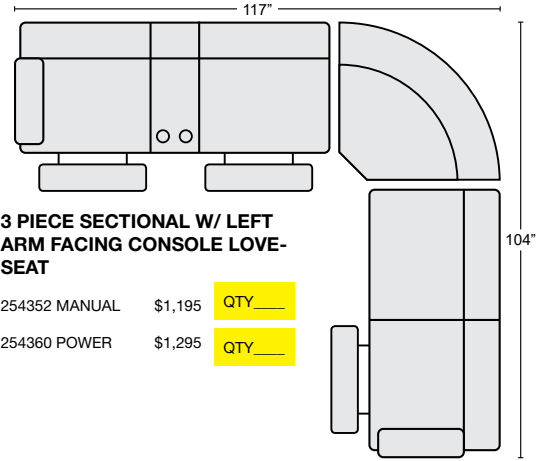
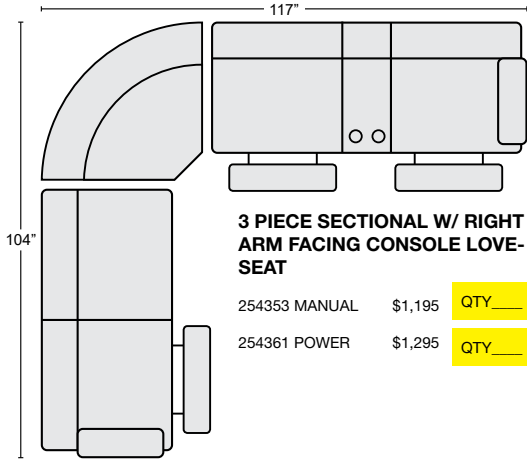
City: _____ State: _____ Zip: _____

Phone Number: _____

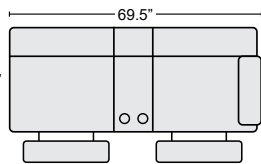
Email Address: _____

Customer Signature: _____ Date: _____

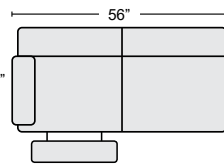
Sales Person Name: _____



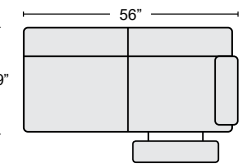
LAF CONSOLE LOVESEAT
 254358 MANUAL \$515.00
 254366 POWER \$575.00



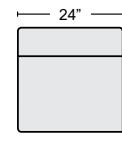
RAF CONSOLE LOVESEAT
 254359 MANUAL \$515.00
 254367 POWER \$575.00



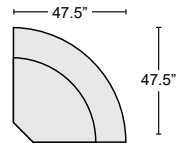
LAF CONSOLE LOVESEAT
 254356 MANUAL \$390.00
 254364 POWER \$430.00



RAF CONSOLE LOVESEAT
 254357 MANUAL \$390.00
 254365 POWER \$430.00



ARMLESS CHAIR
 254368 \$170.00



WEDGE
 254369 \$290.00