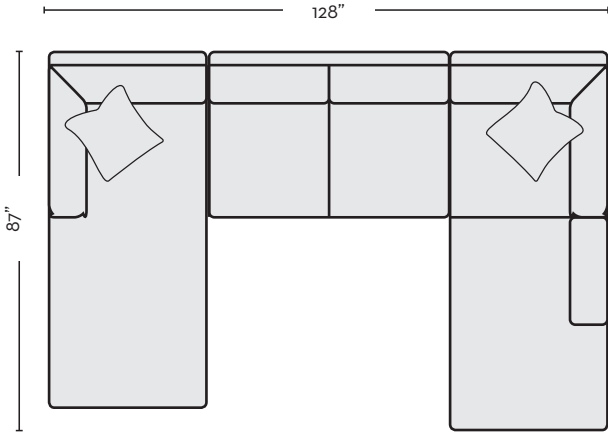


First Name: _____ Last Name: _____

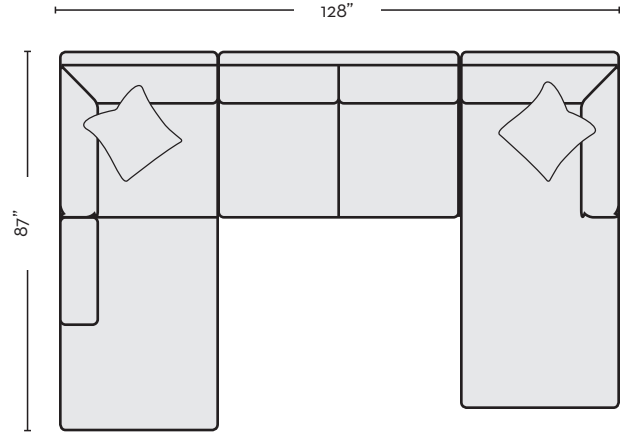
Customer Signature: _____ Date: _____

Sales Person Name: _____

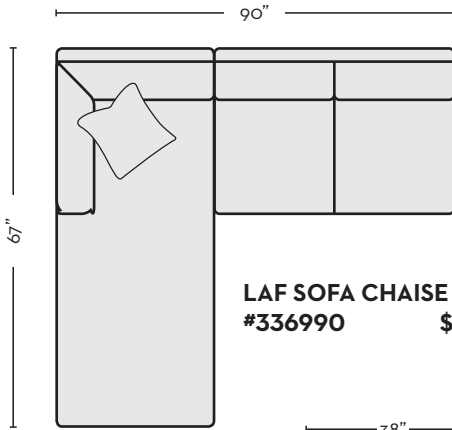
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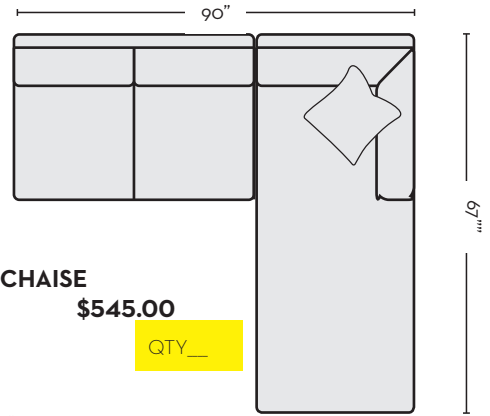
2 PC DUAL SECTIONAL W/RAF CORNER CHAISE
#336994 **\$995.00** QTY_



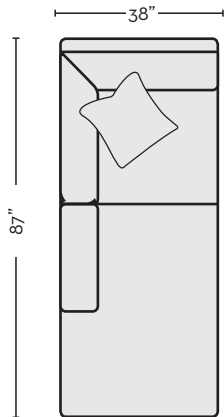
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#336995 **\$995.00** QTY_



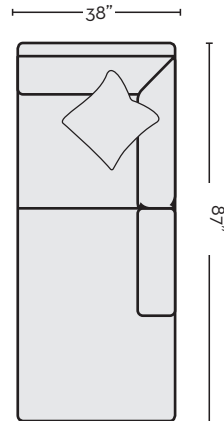
LAF SOFA CHAISE
#336990 **\$545.00** QTY_



RAF SOFA CHAISE
#336991 **\$545.00** QTY_



LAF CORNER CHAISE
#336993 **\$450.00** QTY_



RAF CORNER CHAISE
#336992 **\$450.00** QTY_