



Fax Order Form

Property Information			
Property Name			Management Company
Property Address:			City, State, and Zip Code:
Your name:			Cell phone or Office phone:
Email:			Other contact:
On-Line Order Form			
PO # (if required)			
Apt. Number		Unit Type	
	*Required		*Required
Install Date:	DATE: _____ * Required <input type="checkbox"/> Any Time <input type="checkbox"/> Other: _____		
Unit Details	<input type="checkbox"/> Vacant <input type="checkbox"/> Occupied *Required		
Carpet Installation:	<input type="checkbox"/> Carpet Throughout <input type="checkbox"/> Other: _____ Pad: <input type="checkbox"/> Yes <input type="checkbox"/> No Concrete Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions: _____		
Hard Surface Installation:	<input type="checkbox"/> Vinyl <input type="checkbox"/> Vinyl Plank <input type="checkbox"/> Ceramic <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Other: _____ Perform Take Up? <input type="checkbox"/> Yes <input type="checkbox"/> No Which areas: _____ Special Instructions: _____		