Customer Shipping Profile Form

Please complete this form so we may set up your shipping profile correctly.
Fill in all applicable fields and return to us.

Customer Name: _____

Shipping Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Warehouse Hours: _____

Warehouse Contact Name: _____

Warehouse Contact Phone #: _____

Special Requirements:

☐ Appointment Delivery (specify further below)

☐ Lift Gate Needed

☐ Other (please specify below)

Other Notes: _____
_____
_____

Design Finishes
Hours: Mon-Fri, 7:30 AM - 4:00 PM
Contact: orders@design-finishes.com | (469) 900-6131