

T R I N I T Y

FURNITURE INCORPORATED

PO BOX 150 TRINITY, NC 27370 Phone 336-472-6660 Fax 336-475-0037 E-Mail sales@trinityfurniture.com

GSA PROJECT REGISTRATION FORM

Registration date _____

Sales Rep: _____

Signature: _____

Fax: _____

Date: _____

Return this completed form to your Trinity Furniture rep for their approval. She/he will forward onto the factory for registration.

Contract # GS-28F-2070D, F.O.B. Origin

Specifying Dealer _____

Attn: _____

Address: _____

City, State, Zip _____

Phone/fax/e-mail _____

Ordering Agency/Dept _____

Contact _____

City, State _____

Specified Product/Qty/Uph

Expected Order date: _____