



FLOORING ORDER FORM

PROPERTY INFORMATION

Property: _____

Ordered By: _____ Contact Phone: _____

Today's Date: _____ PO (If Required): _____

Email Address For Order Confirmation: _____

UNIT INFORMATION

Floorplan Size: _____

Building: _____ Unit: _____

Vacant/Occupied: Vacant Occupied If Occupied Who Moves: Resident Installer

CARPET INSTALL INFORMATION

Carpet Style/Color: _____

Pad: New Check Over Existing

Install Date: _____ Any Time FAM AM PM

Areas to Be Installed: All Carpet Areas Partial Rooms: _____

Special Instructions: _____

VINYL INSTALL INFORMATION

Vinyl Style: _____

Install Date: _____ Any Time FAM AM PM

Areas to Be Installed: All Vinyl Areas Partial Rooms: _____

Special Instructions: _____

******Please Use One Form per Unit******
****Please fax to your local HOF office****

Orlando
526 Florida Central Parkway
P.O. Box 522618
Longwood, FL 32752-2618
(407) 830-6999 (888) 920-6999
Fax (407) 830-8657

Tampa
8521 Sunstate Street
Tampa, FL 33634
(813) 249-7600 (877) 249-7600
Fax (813) 886-8845

Jacksonville
11210 Phillips Industrial Blvd East
Suite 8
Jacksonville, FL 32256
(904) 262-6989 (888) 930-6999
Fax (904) 262-9062

Palm Beach/Miami
1081 Holland Drive
Boca Raton, FL 33487
(561) 989-0599 (888) 561-6999
Fax (561) 989-0299

Sarasota/Naples
P.O. Box 669
Talleavast, FL 34270
(941) 752-9924 (866) 203-6999
Fax (941)752-2274