SUN GARDEN
PARTS ORDER FORM

www.SunGarden.us
PO Box 4975
Seminole FL 33778

sungardenservice@earthlink.net
phone 727 565 4437
fax 727 393 0831

BILL TO:

NAME

BILLING ADDRESS, LINE 1

BILLING ADDRESS, LINE 2

CITY, STATE, ZIP

SHIP TO (if different from bill to address):

NAME

BILLING ADDRESS, LINE 1

BILLING ADDRESS, LINE 2

CITY, STATE, ZIP

BILLING PHONE ALTERNATE PHONE

EMAIL ADDRESS (transaction receipts are emailed)

YOUR PARASOL MODEL:

- ☐ 250CM JUNIOR OCTAGON (APRX 9' DIAMETER)*
- ☐ 350CM SENIOR OCTAGON (APRX 11.5' DIAMETER)
- ☐ 320X320CM SQUARE (APRX 10.5' EACH SIDE)
- ☐ 375X265CM OVAL (APRX 9'X12' SIDES)
- ☐ 375CM CURVE (APRX 13' DIAMETER)

YOUR FRAME/POLE COLOR:

- ☐ M01 WHITE
- ☐ M02 BEIGE
- ☐ M04 BRONZE
- ☐ M06 GREY
- ☐ M16 CHAMPAGNE
- ☐ M10 CHAMPAGNE*
- ☐ M12 STAINLESS*
- ☐ M13 GLOSSY BLACK*
- ☐ M?? GOLD*

YOUR CANOPY FABRIC COLOR:

- ☐ B026 CAPRI BLUE
- ☐ B027 PALM GREEN
- ☐ B028 COCOA
- ☐ B031 RED
- ☐ B032 FERN GREEN
- ☐ B033 BROWN HERRINGBONE
- ☐ B034 BEIGE HERRINGBONE*
- ☐ B035 BLACK
- ☐ B037 TERRACOTTA
- ☐ B038 SILVER LINEN
- ☐ B039 BRONZE LINEN
- ☐ B040 GREEN*
- ☐ B043 NAVY BLUE
- ☐ B047 YELLOW

* discontinued items—limited or no stock remaining

DATE PURCHASED PURCHASED FROM

SERIAL # (IT IS NOT THE D48485 NUMBER; SERIAL #S ARE LOW ON THE POLE, NEAR THE BASE—LOOKS SOMETHING LIKE THIS: 00.00.000000.0000)

QTY	6-DIGIT ITEM #	DESCRIPTION	PRICE	EXTENDED PRICE

TOTAL

COUNTY OF RESIDENCE (FL ONLY) 6% 6.5% 6.75% 7% 7.5%

Applicable SALES TAX and SHIPPING/HANDLING will be added when order is processed. Multiple items may be consolidated and total shipping costs may reflect consolidation. Shipping/handling costs can be found on the Parts Lists which are available for download from our website. Some of the larger items, as indicated on the Parts Lists, require a freight quote which we will provide for your approval before any charges are incurred. We try to "Reduce, Reuse, Recycle" where possible, so your item(s) may arrive in a "Reused" box; however, unless specifically discussed with you, all items you purchase will be new.

METHOD OF PAYMENT (circle one): VISA MASTERCARD CHECK (please mail to above address)

CARD NUMBER _____ EXP. DATE: _____

3-DIGIT CVV SECURITY CODE: _____ (on back of card, last group of #s above signature line)

DATE: _____ SIGNATURE: _____

IMPORTANT INFORMATION: If you need any help in determining which part(s) you need, please contact us. Please be aware that the **parts are not interchangeable** for the different parasols so it is very important to know exactly which model you have. There is a 10% restocking fee for returned items and shipping/handling is not refundable. If paying by credit card, you authorize us to charge your credit card by filling in the above section. For your own protection, please do not email credit card information; fax or mail is safer.

Rev. 01/10