



# Dreamium Bed Order Form

Please print this form and fill out completely. This form must be signed and dated and returned with payment. (personal checks or money orders made payable to August, Inc.). Please retain a copy for your records and fax credit card orders to: 901-372-1815. Mail check orders to the address below.

**August, Inc.**  
**Attn: Jameson Dreamium Bed**  
**7876 Stage Hills Blvd. Suite 108**  
**Bartlett, TN 38133**

Please allow 5 business days for order processing. August, Inc. will send you an email confirmation once your order has been placed.

email here: \_\_\_\_\_

Item	Item Number	Set Cost	Qty	Total
TWIN SIZE SET	Dreamium 3/3	\$699.00		
FULL SIZE SET	Dreamium 4/6	\$799.00		
QUEEN SIZE SET	Dreamium 5/0	\$899.00		
KING SIZE SET	Dreamium 6/6	\$999.00		
* Please include the appropriate sales tax for your city and/or state.			sub total	\$
			sales tax	\$
PAYMENT OPTIONS: personal check <input type="checkbox"/> money order <input type="checkbox"/> credit card <input type="checkbox"/>			<b>TOTAL</b>	<b>\$</b>

cc # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ expiration \_\_\_\_ - \_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Billing Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_

**Shipping Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_