



FAX NOW • TOLL FREE
1(866) 925-6660

If you have any issues faxing your order
 please contact us immediately at
 1(888)554-0666 toll free.

FLOORMAT EXPRESS ORDER FORM

Date: _____

Billing Information (All required):

First Name: _____
 Last Name: _____
 Email Address: _____
 Address: _____
 Address Line 2: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____

Shipping Info: Check here if same as billing

First Name: _____
 Last Name: _____
 Email Address: _____
 Address: _____
 Address Line 2: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____

Vehicle Information

Make _____ Model _____ Year _____

Additional Information: 2 Door 3 Door 4 Door | Automatic Manual | 2WD 4WD
 Floor Shift Dash Shift | Front Bench Front Buckets 2nd Row Bench 2nd Row Bucket
 Center console between Front (Minivan Only) | Other _____

Additional Info for Cargo Mats

3rd Seat installed No 3rd Seat Spare Outside Spare Inside With Rear A/C No Rear A/C

| QTY | Mats Ordered | Product/Color |
|-----|---|---|
| | Cars <input type="checkbox"/> 2 Front Mats <input type="checkbox"/> 4 Piece Set <input type="checkbox"/> Trunk <input type="checkbox"/> Rear Deck Trucks, SUV'S, Minivans <input type="checkbox"/> 2 Fronts <input type="checkbox"/> 1 Piece Front <input type="checkbox"/> 2 nd Seat <input type="checkbox"/> 3 rd Seat <input type="checkbox"/> Cargo <input type="checkbox"/> Other _____ | Product _____ Color # _____ Color Name _____ Edging: _____ |

| Optional Embroidery/Logo | Personalized Embroidery | Font Style | Location |
|---|---|--|---|
| Name _____ # _____ Color # _____ | Message: _____ (10 character maximum) <input type="checkbox"/> All Caps <input type="checkbox"/> Upper & Lower case <input type="checkbox"/> Lower case | <input type="checkbox"/> BLOCK <input type="checkbox"/> ITALIC <input type="checkbox"/> Brushed Script | <input type="checkbox"/> Front Mats <input type="checkbox"/> 2 nd / Rear <input type="checkbox"/> 3 rd Seat <input type="checkbox"/> Cargo/Trunk |

LEAVE BLANK BELOW THIS LINE – SALES WILL CALL YOU TO FINALIZE ORDER

| *Floormatexpress | Job# | Shipping Method | Amount Due Shipping | Subtotal Mats | Subtotal Logos | Discount Total | Total Due |
|------------------|------|-----------------|---------------------|---------------|----------------|----------------|-----------|
| | | | | | | | |
| | | | | | | Sales Tax | |
| | | | | | | Total | |

Payment Information (All required):

Card Type _____ Name on Card _____
 Card Number _____ Expiration _____ CVV2 Code _____
 Signature _____ Phone: _____

Check here to receive promotional emails regarding sales from FloorMatExpress.com (no SPAM)

Thank you for your business!