



12811 Foothill Blvd, Sylmar CA 91342  
 PH: 818-838-0852, FAX: 818-365-0936  
 Email: [sales@drapes.com](mailto:sales@drapes.com)  
 Sodexo Vendor #: 1988138



**FACE COVERING ORDER FORM**

**Please complete this form and email it to: [staff@drapes.com](mailto:staff@drapes.com)**  
*You will receive an email confirming your order and an invoice and tracking information when the order is shipped.*

**Bill to Information:**

**Sodexo Unit #**  
**Unit/Facility Name:**  
**Attention (Name):**  
**Street Address #1:**  
**Street Address #2:**  
**City:** **State:** **Zip Code:**  
**Office Phone Number:** **Extension:**  
**Cell Phone Number:** **Email Address:**

**Ship to Information:** *Check Here* *if Ship to Address is same as Bill to Address*

**Sodexo Unit #**  
**Unit/Facility Name:**  
**Attention (Name):**  
**Street Address #1:**  
**Street Address #2:**  
**City:** **State:** **Zip Code:**  
**Office Phone Number:** **Extension:**  
**Cell Phone Number:** **Email Address:**

**We wish to order the following Face Coverings:**

<u>Quantity</u>	<u>Description</u>	<u>Price Each</u>	<u>Total</u>
	Face covering, WHITE, with two layers of 100% cotton, shirred on the sides with Spandex edging and Spandex ear loops. Not intended for medical use; not sterile. Price is per each.		



**Terms:** Net 30 days after date of invoice. Buyer agrees to pay shipping charges as determined by the seller. Invoice shall include sales tax unless Buyer provides resale certificate at the time of order to the seller.

Buyer understands and confirms that seller, Drapes 4 Show, Inc. makes no warranties, either express or implied, that the face covering prevents infection or the transmission of viruses or diseases. The face covering should not be used (1) in any surgical setting or where significant exposure to liquid, bodily or other hazardous fluids, may be expected; (2) in a clinical setting where the infection risk level through inhalation exposure is high; or (3) in the presence of a high intensity heat source or flammable gas.

**Approval of Order**

I affirm that I am an authorized purchaser for the organization listed above and agree to the terms and conditions of sale per this Order Form.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_