



2022 Order Form

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Steadfast Seating, LC
Celina, TX
(214) 620-5710
sales@steadfastseating.com
www.steadfastseating.com



- ❖ This form acts as a living document meant to be updated as your project coalesces. Please provide as much information as possible with each submission for accurate price quotes.

Download this form to your desktop **before** filling it out.
 Scanned and/or printed copies will **not** be accepted.

Section 1: Client Information

Client/Dealer Company Name:	
Company Address:	(City, ST, Zip):
Contact Name:	Contact Phone:
Contact Email:	Invoice Email:

Section 2: Project

Project Name:	
Project Shipping Address:	(City, ST, Zip):
Project Location (if different):	(City, ST, Zip):
Today's Date:	Quote Required by Date:
Bid Date: Time:	Approximate Product Delivery Date:
Steadfast Approved to Bid: Pre-Approved in Spec Substitution Requested	
Sending with Request: Drawings Specs	
Drawings Available for Generating Submittal Drawings: Cad PDF Hard Copy	

Section 3: Product

Chair 1:	Qty.	Chair 2 (if Applicable):	Qty.
Mount Type:		Wall Mounts (Riser): Qty.	
<i>Note: Concrete depth must be at least 3". Wood thickness must be at least 2-1/4".</i>			
Attic/Back Stock: Qty.	Describe:		
Project Specific Sample Chair: Qty.	Used in Final Layout:		
Project Specific Sample Chair(s) should arrive:		Arrival Date:	
Chair Anchors (Box of 500): Box Qty.	<i>Note: 4 anchors/end chair and 2 anchors/all other.</i>		
ADA Armrest (American Disabilities Act): Qty.	<i>Note: 1% to meet ADA Law.</i>		
Fabric:		Absecon Color Name:	
or Custom Fabric (Mfg., Pattern Name, Color Name, and Number:		<i>Note: Additional fees and quotation time apply when selecting custom fabric.</i>	

Section 4: Upgrades

- ❖ The standard seat is manufactured with a black polypropylene seat back, black polypropylene arm rests, black HPL (High Pressure Laminate) end panel inserts, and all black metal components.

(Note: Additional fees apply with each upgrade selected)

Fabric Upgrade:	
Polypropylene and Steel (Color & Number):	HPL Color (Color & Number):

Note: Minimum 500 Chairs for color upgrade.



End Panel:	Qty. of Upgraded End Panels:		
Outer Back:	Qty. of Upgraded Outer Backs:		
Armrest:	Armrest Finish:	Qty. of Upgraded Armrests:	
Cup Holders:	Arm Integrated Qty.	Rear Mount Qty.	
Folding Tablet Armrest:	Qty.	Folding Tablet Armrest (oversized):	Qty.
Number Plates:	Qty.	Letter Plates:	Qty.
Logo:	Date Artwork Sent:	Note: Size and Artwork Required for Price – Send to sales@steadfastseating.com	
Moveable Base:	Single Base Qty.	Double Base Qty.	Triple Base Qty.
Seat Caddy:	Qty.		
Aisle Lights:	Qty.		
Aisle Light Transformers (1 per circuit required):	Qty.	Aisle Light Dimmer Module:	Qty.
Minwax® Stain Color Name and Number (If <u>wood</u> upgrades were selected):			

Notes, Comments, Special Instructions:

Section 5: Consulting

Steadfast Seating is committed to providing an excellent product. Consider allowing our team the opportunity to review the drawings and provide suggestions on the layout based on our many years of experience. Our consulting service has saved many clients time and money by providing input on size, layout configurations, and **code compliance**. Would you like to add consulting service fees to the quote: Yes

Section 6: Submittal and Revisions

- Use the email button below or send the completed form to sales@steadfastseating.com. We will send an estimate back promptly.
- Revisions: To make changes to this order; revise the applicable field(s) in this form, then resubmit. Please add "revision + number" to the email subject line, attach revised drawings, and write a brief description of each revision in the table below. We will update the estimate and send back.
- Once the order is finalized and ready to be placed, type your PO number into the PO box below. Submit this form, with your PO paperwork and signed final drawing, back to sales@steadfastseating.com (or use the button below). Please add the PO# to the email subject line. We will review then send back for signatures. Note: Revisions are not possible after the order is placed.

Client PO#:

R1:	Date:	R7:	Date:
R2:	Date:	R8:	Date:
R3:	Date:	R9:	Date:
R4:	Date:	R10:	Date:
R5:	Date:	R11:	Date:
R6:	Date:	R12:	Date:

Note: It may take up to 2 business days for us to receive a freight quote. Other items such as custom fabric and logos, may add additional time to the quote process. We appreciate your patience.



The sections below will be filled out by Steadfast Seating, LC

Estimate

To:

PO#:

Prepared On:

Expiration Date:

Project Name:

Estimate Total:

Description	Quantity	Rate	Line Total
Chair 1			
Chair 2 (If Applicable)			
Attic Stock			
Sample Chair (with freight)			
Chair Anchors (Box of 500)			
Wall Mount (Riser)			
Fabric			
Polypropylene/Steel: HPL:			
End Panel Upgrade			
Outer Back Upgrade			
Armrest Finish:			
Cup Holder (Arm Integrated)			
Cup Holder (Rear Mount)			
Folding Tablet Armrest			
Folding Tablet Armrest (oversized)			
Number Plate			
Letter Plate			
Logo			
Moveable Base (single)			
Moveable Base (double)			
Moveable Base (triple)			
Seat Caddy			
Aisle Light			
Aisle Light Transformer			
Aisle Light Dimmer Module			
Consulting (price per hour) (Yes)			
Deposit:			
Freight (Estimate):			
Due at delivery:			
Total:			

Terms:

A 50% deposit is collected to place an order. Final invoice payment is due within 31 days of the invoice date. Late payments are subject to a 2% late fee, reoccurring every 10 days of delinquency. Freight rates change daily. The freight line above is an estimate only. The product estimate is honored for 60 days. If the order is not placed within 60 days of the original estimate than the final invoice could be subject to a 2% increase. If your organization has Terms & Conditions for purchase orders, please forward a copy for our review either at the time of, or prior to, placing the order. We may not agree with all terms listed, and will not agree to any hold harmless clauses. See signature page below for more information on these terms.

Ways to Pay:

Check: Send to, Steadfast Seating, LC - PO Box 1620, Prosper, TX 75078



Section 8: Signature

Company Name _____

Signee Name _____

Signee Job Title _____

Signee Email Address _____

Order Placement: I acknowledge that the order will be placed once all four conditions below are met:

1. Purchase Order has been received.
2. The deposit has been received and cleared (50% of total less freight).
3. All signature fields on this form have been signed by the client.
4. Final Drawing has been signed and submitted.

Signature _____ Date _____

Freight: I acknowledge that freight quotes change daily. The "actual" freight cost will be applied to the final invoice, which will differ from the freight estimate. I acknowledge that in the case of a bond bid, \$1000.00 will be added to the freight estimate ensuring that the final invoice does **not** exceed the estimate.

Signature _____ Date _____

I acknowledge that it is my responsibility to ensure that the shipment received is correct (size, color, qty., etc.) before signing clear with the delivery driver. Steadfast seating, LC will not be held responsible for accepted incorrect shipments.

Signature _____ Date _____

I agree with and understand the estimate and terms in section 7 (page 3) of this form. I have reviewed all aspects of this order and agree that it is my sole responsibility to ensure that it is correct and accurate. I agree that this form serves as the order form and that the selections I have chosen in this form will be ordered as elected. I acknowledge that chairs are made to order; returns, refunds, and/or exchanges are not permissible once the order is placed. I agree that I am responsible for all monetary debts set forth in this form once the order is submitted.

I agree that I am ready to submit this order.

Signature _____ Date _____

Initial _____ Confirm that the product shipping address is correct:

Initial _____ Confirm that the Purchase Order Number is correct:



Section 9:

Inspect Before You Sign!

We have experienced some problems with various LTL carriers in regard to damages lately and wish to advise you of receiving instructions for product shipments. We suggest you forward this letter to the proper department or personal so, they are aware of what to do when your shipment arrives.

We wish to advise you that products will be shipped from the factory in Mexico. Seating components are shipped in cardboard boxes that are not solid walled packages. Damage can occur on the inside of packaging, due to improper handling by some carriers. Please, be aware, upon arrival that there may be possible damage, even if the basic packaging looks to be in good condition. INSPECT ALL ITEMS & ALL SIDES in your shipment BEFORE YOU SIGN the truck driver's delivery receipt. Packaging should be opened to view all sides. If the truck driver refuses full inspection within reason DO NOT SIGN the delivery receipt; ask to speak with the local freight terminal manager, and mark as damaged stating inspection was not allowed or REFUSE SHIPMENT COMPLETELY.

- If contents are in good condition, sign and date driver's delivery receipt.
- If contents/packaging are damaged, write on the delivery receipt "Damaged" and add detail(s) of actual damage; sign and date.
- Accept all undamaged products when possible- only refused damaged packages. The driver should give you a copy of the delivery receipt for your records.

NOTE: For further assistance contact Steadfast Seating immediately (214) 620-5710 before driver leaves. If the shipment is damaged and the delivery receipt has been signed clear without any notation of damage, all rights to full payment on a freight claim may be void.

Steadfast Seating will not pay for freight company damages.

I _____, have read, acknowledge, and agree with the inspect before you sign letter located on this page (section 9, page 5). I agree that Steadfast Seating can not and will not be held liable for damaged product once the shipment has been signed clear without any notation of damage.

Signature _____ Date _____

Inspect Before You Sign!

Purchase Order

To:
Attn:
Project:

Ship to:

Date:
Steadfast PO#:
Customer PO#:
Bill To:
Requested Delivery Date:

Description	Quantity	Rate	Line Total
Chair 1			
Chair 2 (If Applicable)			
Attic Stock			
ADA Armrest			
Wall Mount (Riser)			
Fabric			
Polypropylene/Steel: HPL:			
End Panel			
Outer Back			
Armrest			
Cup Holder (Arm Integrated)			
Cup Holder (Rear Mount)			
Folding Tablet Armrest			
Folding Tablet Armrest (oversized)			
Number Plate			
Letter Plate			
Logo			
Moveable Base (single)			
Moveable Base (double)			
Moveable Base (triple)			
Seat Caddy			
Freight Estimate			
Total:			

Notes, Comments, Special Instructions:

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Invoice

Steadfast Seating. LC
503 Andalusian Trail Celina,
TX 75009
(214) 620-5710
sales@steadfastseating.com

To:

Invoice #:
Purchase Order #:
Invoice Date:
Due Date:
Balance Due:

Description	Quantity	Rate	Line Total
Chair 1			
Chair 2 (If Applicable)			
Attic Stock			
Sample Chair (with freight)			
Chair Anchors (Box of 500)			
Wall Mount (Riser)			
Fabric			
Polypropylene/Steel: HPL:			
End Panel Upgrade			
Outer Back Upgrade			
Armrest			
Cup Holder (Arm Integrated)			
Cup Holder (Rear Mount)			
Folding Tablet Armrest			
Folding Tablet Armrest (oversized)			
Number Plate			
Letter Plate			
Logo			
Moveable Base (single)			
Moveable Base (double)			
Moveable Base (triple)			
Seat Caddy			
Aisle Light			
Aisle Light Transformer			
Aisle Light Dimmer Module			
Consulting (price per hour) (Yes)			
	Freight:		
	Total:		
	Less Deposit Received:		
	Amount Due:		

Terms:

Thank you for your business. Final invoice payment is due within 31 days of the invoice date. Late payments are subject to a 2% late fee, reoccurring every 10 days of delinquency.

Ways to Pay:

Check: Send to, Steadfast Seating, LC - PO Box 1620, Prosper, TX 75078