COF Form





Dealer Name:				
Address:				
City/State/Zip:				
Contact Name:				
Telephone:				
Dealer Account #:				
Purchase Order #:				
Project/End User:				
Quantity	Model Number	Finish Supplier/Finish Color Name/Number	Wood Species	Tag
Attach finish sample below.				

Ship This Form with Sample To:

Knú, LLC DBA/La-Z-Boy Contract Furniture Attention: COF Department 1300 North Broad Street Leland, MS 38756 Send Purchase Order To:

Knú, LLC DBA/La-Z-Boy Contract Furniture P.O. Box 9 Ferdinand, IN 47532 Fax: 812.367.2493

customerservice@getknu.com