

# H & H Home Services

# CONTINUING EDUCATION

P O Box 511

(281)379-2045 Business (281)379-7394 Fax / email: [hhhomeservices@peoplepc.com](mailto:hhhomeservices@peoplepc.com)

Hours: 8am to 7pm Monday thru Friday

(Email or fax order)

**ORDER FORM** Date \_\_\_\_\_

Delivery Date: \_\_\_\_\_

College: \_\_\_\_\_

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

Dorm Number \_\_\_\_\_

End Date: \_\_\_\_\_ Group Name: \_\_\_\_\_

Company/Hospital Name: \_\_\_\_\_

**\*\*THESE PRICES ARE ONLY FOR TEMPORARY HOUSING OF PERSONNEL IN ASSOCIATION WITH THE UNIVERSITY'S OR COMPANY'S CONTINUING EDUCATION PROGRAM.**

***PRICES DO NOT APPLY TO ENROLLED FULL TIME STUDENTS OF THE UNIVERSITY.***

	<u>Price</u>
Refrigerator: _____	\$39.00 per month
19' Color TV: _____	\$41.00 per month
VCR/DVD: _____	\$27.00 per month
Microwaves: _____	\$27.00 per month
Telephone: _____	\$17.00 per month

**TAX AND DELIVERY COST WILL BE ADDED TO LEASED TOTAL**

## ***PAYMENT ACCEPTANCE:***

**Check** \_\_\_\_\_

(must pay ahead of receiving rental/use P O Box to mail payment)

## **CREDIT CARD**

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

(3 or 4 digits above # or on back)

Please print owner signature also: \_\_\_\_\_

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

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

**LESSEE IS RESPONSIBLE FOR ANY DAMAGE, THEFT, OR MISUSE OF LEASED PRODUCT.**