

COM Worksheet



CUSTOMER INFORMATION

PO# _____
Dealer Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone# _____ Fax# _____
Contact Name _____
email _____

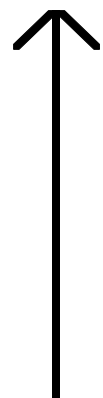
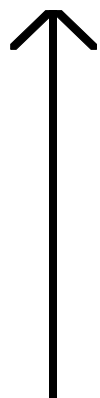
FABRIC INFORMATION

Supplier / Mill _____ Fabric Content _____
Pattern Name _____ Fabric Color _____
Repeat Size; Vertical _____ Horizontal _____
Railroaded; Yes No

ORDER INFORMATION

Quantity	Model	Style

UP



TOTAL C.O.M. Required _____ Date _____

Estimated By _____

*See Warranty information regarding Customer Own Materials