



CUSTOMER'S OWN MATERIAL/LEATHER FORM (COM/COL)

CUSTOMER/SHOWROOM NAME: _____

CUSTOMER PO#: _____ SALES ORDER # _____

SIDEMARK: _____

ITEM: _____

MILL OR VENDOR: _____

MILL PO#: _____ # OF YARDS: _____

FABRIC DESCRIPTION: (Color, pattern, etc. DO NOT use vendor name for description)

SHIPPING ADDRESS:

**ATTN: CUSTOMER SERVICE
ARTIFACTS INTERNATIONAL
150 REED CT STE A
CHULA VISTA, CA 91911**

SPECIAL INSTRUCTIONS: _____

****ARTIFACTS IS NOT ABLE TO RETURN ANY OVERAGE OF SCRAP FABRIC**