

Please complete and sign this COM/COL application form as it applies to your order. Use additional forms as needed. If coverings are not selected at the time of order, this form is required once covering is selected and prior to any upholstery.

Designer Name:		Firm	name (if different):			
Item No.		Specify quantity:	Showroom Co	ontact:		
COM/COL Supplier:			_ Yardage:	Widtł	Width:	
NAME	PATTERN	COLOR		NUMBER		
Repeat Vertica Repeat Horizonta			If Bolt practice	Common practice on sofas.		
	ure required to attach to this l after a deposit is submittea					
Is the fabric backed? YES NO If "No" and we determine that backing is required, may we back it for you and add the cost to your balance due? YES NO • The minimum charge for knit backing is \$90.00 for the first 16 yards and \$7.00 for each additional yard. Please add 5-7 business days for knit backing on standard orders, 3-5 business days for expedited/quick-ship orders. Specific Instructions:			0	ATTACH CUTTING/SAMPLE HERE, FACE SIDE SHOWING AND IN THE DIRECTION TO BE APPLIED.		
Contrasting COM well	t/COT manufacture	<i>COLOR</i>	NUMBER	Yardage:		
////////////////////////////////////					ATTACH WELT SAMPLE HERE	
It is highly recommended that trim specifying a high pile Velvet or Mol in seaming and / or "smiling" that is	hair. If preferred to proceed with	exposed seaming please sign bet				

Signature (required)

Date: