

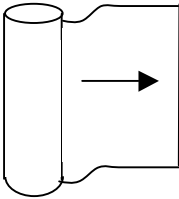
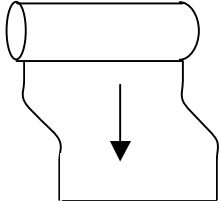
ERINN V.

COM & COL FORM INSTRUCTIONS FOR APPLICATION

This form must be completely filled out and accompany all upholstery orders. Orders will not proceed without it. Please use (1) sheet for each COM or COL specified on the order. In cases where the COM or COL has not been selected upon placement of the order, then this form should be sent upon the COM or COL specification.

SHOWROOM		DESIGNER & SIDEMARK	
ERINN V. ORDER ACK #		DESIGNER PO #	EV PO# (EV INTERNAL USE)
ITEM NAME:			

DOES FABRIC CONTAIN FIRE RETARDANT CHEMICALS? (CIRCLE ONE)		YES / NO (IF NO, VERIFICATION REQUIRED)	
COM OR COL MANUFACTURER:			
COM/COL NAME, PATTERN, COLOR & NUMBER:			
FABRIC APPLICATION: (CIRCLE ONE)	RAILOADED/SIDEWAYS / OFF-BOLT/UP & DOWN		
DOES FABRIC HAVE A REPEAT? (CIRCLE ONE)	YES / NO	FABRIC REPEAT:	HORIZONTAL (INCHES) VERTICAL (INCHES)
DOES FABRIC HAVE A PATTERN OR STRIPES?	YES / NO	DIRECTION OF PATTERN OR STRIPE: (CIRCLE ONE)	HORIZONTAL / VERTICAL
IS FABRIC REVERSIBLE? (CIRCLE ONE)	YES / NO	IF YES, INDICATE CORRECT SIDE WITH A "C" IN INK ON ATTACHED CUTTING	
WELT / CORD: (CIRCLE ONE)	SELF WELT / CONTRAST WELT / CORD WITH FLANGE / NONE		
WELT COM/COL OR CORD MANUFACTURER:			
WELT / CORD NAME, PATTERN, COLOR & NUMBER:			

<p>ATTACH CUTTING HERE CORRECT SIDE UP INDICATE DIRECTION</p>		
	RAILOADED / SIDEWAYS	OFF-BOLT / UP & DOWN

ALL COM/COL SHOULD BE TAGGED WITH: SHOWROOM, DESIGNER, CLIENT, ITEM NAME

ORDERS WILL NOT PROCEED WITHOUT THIS FORM

SEND ALL COM/COL TO ERINN V. : 250 1/2 N. La Peer Drive, Beverly Hills, CA 90211

IF COM IS APPLIED OFF-BOLT / UP & DOWN ON SOFA, THE FABRIC IS CENTERED ON THE PIECE WITH A SEAM ON EITHER SIDE