Please attach
COM # 1 Swatch

mulligan's
COM APPLICATION

Please attach
COM # 2 Swatch
(if required)

MULLIGAN'S #:

DATE:

CLIENT NAME:

CLIENT PO #

SIDEMARK:

SHOWROOM:

ITEM NAME:

SALESPERSON:

COM # 1	**COM # 2**
□ Entire Piece □ Body Only □ Cushions Only	□ Cushions Only □ Pillows
Vendor:	Vendor:
Item # /Name:	Item # /Name:
Color # /Name:	Color # /Name:
Width: _____ Repeat: (H) _____ (V) _____	Width: _____ Repeat: (H) _____ (V) _____
Quantity Ordered:	Quantity Ordered:
Estimated COM delivery:	Estimated COM delivery:

PERIMETER DETAL

□ Trim □ Self Welt □ Contrast Welt □ No Welting

□ Entire Piece □ Cushions Only

Trim Vendor:

Item # / Name:

Quantity Ordered:

Estimated Trim Delivery:

DIRECTIONS *(Answer one of the following)*

FABRIC APPLICATION: □ Railroad □ Standard Application

BACKING: □ Yes □ No

SPECIAL INSTRUCTIONS / NOTES

PERIMETER DETAL

□ Trim □ Self Welt □ Contrast Welt □ No Welting

□ Entire Piece □ Cushions Only

Trim Vendor:

Item # / Name:

Quantity Ordered:

Estimated Trim Delivery:

DIRECTIONS *(Answer one of the following)*

FABRIC APPLICATION: □ Railroad □ Standard Application

BACKING: □ Yes □ No

SPECIAL INSTRUCTIONS / NOTES

Signed: _____ Date: _____

PLEASE SEND YOUR MATERIALS TO: *5055 West Jefferson Blvd - LA, CA 90016*
Please sidemark all materials with designer name, items and Mulligan's number