Upholstery

SIDEMARK:_____ROOM:_____

Date of Order:_____
Client Name:_____
Client Address:_____
_____
Client Phone:_____
Pick Up or Deliver? _____
PO Number_____

Fabric Vendor:_____
Pattern:_____
Color:_____
Width:_____
Repeat:_____
Style:_____
W x L x H:_____
Add'l Notes:

Vendor:_____
Pattern:_____
Color:_____
Width:_____
Repeat:_____
Style:_____
W x L x H:_____
Add'l Notes: