

## WORK ORDER

Important: Please submit a separate Work Order for each unique piece of furniture.

Shaded = mandatory

Date:

### Designer Information

Design Company Name:		Designer:	
Phone #:		Fax #:	
Email:			
Company PO. Number:			

### Project

Estimate #:		Install Date:	
Sidemark:			

### Item

Ref. #		Description:	
Quantity:			
Details per estimate:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(please list changes in Special Instructions)
Special instructions:	<b>(list any details NOT on estimate)</b>		
Fabric Protection Treatment: (check one)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

### Fabric 1

Manufacturer:	
Pattern Name/#:	
Color Name/#:	
# of Yards:	
Special Instructions:	

Attach Fabric Sample Here

IMPORTANT: place desired side of fabric face out

### Fabric 2/ Trim

Manufacturer:	
Pattern Name/#:	
Color Name/#:	
# of Yards:	
Special Instructions:	

Attach Fabric Sample Here

IMPORTANT: place desired side of fabric face out

### Fabric 3/ Trim

Manufacturer:	
Pattern Name/#:	
Color Name/#:	
# of Yards:	
Special Instructions:	

Attach Fabric Sample Here

IMPORTANT: place desired side of fabric face out