

TECNOSEDIA

Work Order Form

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:	(list any details NOT on estimate)		
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

Please send or email a scanned copy of this form to TecnoSedia
sales@tscustomfurniture.com
Fax: 404-810-9084

199 Armour Dr., Suite A
 Atlanta, GA 30324
 T: 404-810-9081 • F: 404-810-9084
www.TSCustomFurniture.com