C.O.M. FORM

Customer Number		Date
Customer Name		
Attention		
PLEASE SIGN & MAIL THIS FORM W/MEMO SAMPLE TO COMPLETE YOUR PURCHASE ORDER		
P.O. Number		
Fabric Supplier		
Pattern Name, Color		
Total Yardage		Total Number of Rolls
Est Arrival Date at Source		
Chair Name		
FABRIC MUST BE TAGGED WIT	H CUSTOMER P.O.# OR IT WI	LL BE RETURNED TO SENDER AT CUSTOMER COST
Identification Marks		
Desired Top and Bottom	☐ Yes ☐ No	If yes, indicate in Special Instructions
Reversible Fabric	☐ Yes ☐ No	
Striped Fabric	☐ Yes ☐ No	If yes apply 🔲 Horizontal 🔲 Vertical
Indicate Pattern Direction	☐ Railroaded	☐ Off the Bolt—Selvage ☐
If not indicated we will apply		
Off the Bolt		
Special Instructions		
↑ TOP OF PATTERN ↑		
	COM TERMS & CONDITIONS	
	1 We must approve all COM prior to	
STAPLE FABRIC SAMPLE HERE	 2 We are not responsible for appearance, performance, CAL 133 property, or durability of COM you supply. 3 The 3 year upholstery warranty does not apply to COM. All other terms of our limited Warranty applies. 4 Materials must be provided in 54" wide continuous yardage. 	
FACE SIDE OUT		
		straight off the bolt unless otherwise specified.
	6 Material must be shipped prepaid	·
CUSTOMER APPROVAL		COM REVIEWED FOR USE IN PRODUCTION BY SOURCE
Name		Reviewed by
Title		Date
Email		Order Number
Date		Signature
Signature		

