

Work Order Form

(Please fill this form out completely and fax or email.
 Insert a copy with shipment if possible)

Project Name:	PO Number:	Date:
Company:	Website:	

PROJECT CONTACT

Name:	Phone:	Email:
Address:		
City:	State:	Zip:

BILLING CONTACT

Name:	Phone:	Email:
Address:		
City:	State:	Zip:

Total Yards _____ Total Number of Rolls _____

Pattern #1 - SKU: _____ Width: _____ Description: _____
 Roll #1 yards _____ Roll #2 yards _____ Roll #3 yards _____ Roll #4 yards _____

Pattern #2 - SKU: _____ Width: _____ Description: _____
 Roll #1 yards _____ Roll #2 yards _____ Roll #3 yards _____ Roll #4 yards _____

Pattern #3 - SKU: _____ Width: _____ Description: _____
 Roll #1 yards _____ Roll #2 yards _____ Roll #3 yards _____ Roll #4 yards _____

Pattern #4 - SKU: _____ Width: _____ Description: _____
 Roll #1 yards _____ Roll #2 yards _____ Roll #3 yards _____ Roll #4 yards _____

ORDER PROCESSING TIME

8 / 10 business days
 Expedited:
 3 Day
 2 Day
 Next Day
 Same Day

SHIPPING OPTIONS

Ground
 Expedited:
 3rd Day
 2nd Day Air
 Next Day Air

FABRIC TO BE RECEIVED FROM: (Required - please fill out completely)

Company Name: _____ Contact: _____ Email: _____
 Address: _____
 Pattern #: _____ Order #: _____ # of Yards/Rolls: _____ Phone #: _____
 Side Mark / Special Instructions: _____

SHIP TO: check if same as above

Company Name: _____ Contact: _____ Email: _____

Address: _____

REMARKS: