



Fabritec, LLC.
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C.O.M. Cornice Order Form

Account # _____ Account Name _____
 Address _____
 City/State/ZIP _____
 Phone _____ Fax _____
 Ordered By _____ P.O. # _____
 Date Ordered _____ Date Needed _____ Acct. Mgr. _____

Ship To _____ Attention _____
 Address _____
 City/State/ZIP _____
 Sidemark _____
 Phone _____
 Ship Via Will Call Standard 2-Day Overnight

A fully completed order form is required before manufacturing can begin. All orders confirmed in writing.

Line No.	Room ID	Cornice Style	Qty	Install		Mount		Factory Deduct for Inside Mount		Cornice Face Width	Size of Returns (if any)		Cornice Height	Lining Color	
				In	Out	Wall	Ceil	Yes	No		Left	Right		Long Point	White
1.															
2.															
3.															
4.															
5.															
6.															

Line No.	FABRIC INFORMATION					
	Company	Pattern	Color	Fabric Width	V. Repeat	H. Repeat

Line No.	ACCENT FABRIC DETAILS (Contrasting Welts, Bands, Overlays, Fabrics etc.)		
	Company	Pattern	Color

- I have given **SPECIAL INSTRUCTIONS** on the back of this order form.
- I have ordered **TRIM/BANDING** on the back of this order form.

C.O.M. Cornice Order Form (cont.)

CUSTOM ITEMS

Trim and Banding: To order, complete the form on the right as indicated. There are a number of ways that trim and banding can be applied as illustrated in the diagrams.


You must specify where indicated on this order form exactly how far in from the side, or up from the bottom, banding should be placed, whether trim should be flush or hang below the bottom of the cornice.

Banding is 2" wide unless specified otherwise.

For other creative, unique applications, please provide detailed instructions and a diagram in the SPECIAL INSTRUCTIONS box below.

SPECIAL INSTRUCTIONS

TRIM




Trim hangs **BELOW**
bottom of cornice

Line No: _____

Style: _____

Color: _____




Trim hangs **EVEN** with
bottom of cornice

Line No: _____

Style: _____

Color: _____




Trim hangs **BELOW**
bottom of cornice

Line No: _____

Style: _____

Color: _____

BANDING




Banding on bottom only,
INDENTED

Line No: _____

Color: _____

Indent Banding: _____ inch(es)



Banding on bottom only,
FLUSH with bottom

Line No: _____

Color: _____