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C.O.M. Pillow Order Form

Account # Account Name Address City/State/ZIP Phone Fax Ordered By P.O. # Date Ordered Date Needed Acct. Mgr.					Ad Ci	hip To ddress ity/State/ZIP idemark hone hip Via				Will Call [Attention Standard	2-Day	☐ Overnight	A fully complet required before can begin. All o in writing.	manufacturing	
Line No.	Room ID	Pillow Styles			Qty		Size			Pillow Options ight Edge Self-Welt Edge Ruffle Edge Flange Edge Fabric Tie					Pillow Form STANDARD OPTION Duck Down Polyester	
1.																
2.																
3.																
4.																
5.																
6.																
Line		FABRIC INFORMATION								Line	ACCENT FABRIC DETAILS (Contrasting Welts, Bands, Overlays, Fabr				ics atc.)	
No.	Company	Company Pattern Color				Fabric Width		H. Repe	peat	No.	Company Pattern				Color	
										CDE	CIAL INSTRUC	TIONS				
										SPEC	JIAL INSTRUC	TIONS:				