



Company Name .....

Invoice Address .....

.....

Contact Name .....

Tel .....

Delivery Address .....

.....

Contact Name .....

Tel. No. ....

Want for (date) .....

## TYPE OF QUILT

REGULAR.....

SEMI - FITTED BOXED .....

SEMI - FITTED INVERTED PLEAT .....

FULLY - FITTED BOTTOM FLAP ONLY .....

FULLY - FITTED SIDES & BOTTOM FLAP .....

COMMISSIONED (SUBMIT DETAILS) .....



## QUILTING DESIGNS

DIAMOND

SQUARE

DOUBLE DIAMOND

CHANNELS / LINES

CIRCLES

CURLES

DIAGONAL LINES

COMMISSIONED (SUBMIT DETAILS)

## TOP COVER FABRIC

FILL IN DETAILS

CUSTOMERS ONLY .....

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QUILTING WORKSHOP .....

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## UNDERNEATH FABRIC

STANDARD LINING

SATEEN CREAM LINING (NO.)

COLOURED LINING

CUSTOMERS OWN FABRIC

QUILTING WORKSHOP FABRIC

## SIZE & QUANTITY

BED WIDTH	BED LENGTH	FULL DROP	DROP TO VALANCE	QUANTITY

## SPECIAL INSTRUCTIONS

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SIGNED ..... DATE .....