

Ordering Instructions for COLLS Corp. COM Program:

The following instructions are to assure the best result to produce your COM order:

Please send a completed photocopy of this page to COLLS CORPORATION

Date:	
Dealer Name:	
Contact Name:	
Address:	
City, State & Zip Code:	
Phone #:	
Fax #:	
E-mail Address:	
Purchase Order #:	

FABRIC INFORMATION

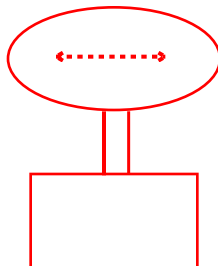
Chair Model # :	
Quantity:	
Fabric Mill/Fabric Name:	
Fabric Color:	
Total Yardage Received:	

Describe fabric Is there a pattern or repeat?:	
Yes No	
If yes, describe at right:	

Application Is there a pattern or repeat?:	
Yes No	
If yes, describe at right:	

CHECK APPROPRIATE BOX FOR YOUR CHOICE OF FABRIC DIRECTION

HORIZONTAL



VERTICAL

