## COM / COL / COT IDENTIFICATION AND APPLICATION FORM

Once covering is selected please complete and sign this COM/COL application form as it applies to your order.

## Use ONE FORM PER COM/COL MATERIAL.

## PLEASE SUBMIT THIS FORM(S) WITH YOUR PURCHASE ORDER

$\qquad$
GP STYLE \#/NAME

SHOWROOM

SHOWROOM CONTACT
$\qquad$
UNITS ORDERED

| COM OR COL SUPPLIER |  | NAME, PATTERN, COLOR \& NUMBER |  |
| :--- | :--- | :--- | :--- |
| YDS / SQ FT PROVIDED | WIDTH |  |  |

If you provide more material(s) than required, please add a note to the below specific instructions and we will return all extra material(s) with your order. Our material requirements are set to minimize waste, thus there will be no remnants of material(s) once your order is completed.

FABRIC DIRECTION
OFF BOLT
(COMMON PRACTICE ON CHAIRS)


RAILROAD (COMMON PRACTICE ON SOFAS)


IS THE FABRIC BACKED? $\square$ YES No

If "NO" and we determine that backing is required, we will back it for you and add the cost to your balance due.
The minimum charge for knit backing is $\$ 150.00$ for the first 10 yards and $\$ 8.00$ for each additional yard.
Please add two weeks to the lead time if we are knit backing your COM.

## SPECIAL INSTRUCTIONS

> verified if a digital image is submitted in lieu of a COM/COL cutting.

Please note variances in material quality, texture or color can not be

| CONTRASTING COM WELT OR COT SUPPLIER | NAME, PATTERN, COLOR \& NUMBER |
| :--- | :--- |
| WELT / TRIM PLACEMENT INSTRUCTIONS |  |

COM/COL/COT must be tagged with Designer Name / Client Sidemark / GP Item Name
COM FORM IS REQUIRED BEFORE AN ORDER CAN BE PLACED.

