SHOWROOM USE ONLY

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

NAME OF REQUESTING DESIGNER	SHOWROOM
SHOWROOM P.O. #	SHOWROOM CONTACT
GP STYLE #/NAME	UNITS ORDERED
COM OR COL SUPPLIER	NAME, PATTERN, COLOR & NUMBER
YDS / SQ FT PROVIDED WIDTH	VERTICAL REPEAT HORIZONTAL REPEAT
If you provide more material(s) than required, please add a note to the be order. Our material requirements are set to minimize waste, thus the FABRIC DIRECTION OFF BOLT (COMMON PRACTICE ON CHAIRS)	
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	ATTACH FABRIC CUTTING HERE 3" SQUARE MINIMUM
	FACE SIDE SHOWING Please note variances in material quality, texture or color can not be verified if a digital image is submitted in lieu of a COM/COL cutting.
CONTRASTING COM WELT OR COT SUPPLIER NAME, PATTERN, COLO	OR & NUMBER YARDAGE ATTACH SAMPLE HERE
COM/COL/COT must be tagged with Design	ner Name / Client Sidemark / GP Item Name RE AN ORDER CAN BE PLACED.

CUSTOMER SIGNATURE (REQUIRED)

Send All COM/COL/COT to: **GREGORIUS PINEO 502 N. OAK STREET, INGLEWOOD** CALIFORNIA, 90302, 310.204.0400

DATE