



CLIENT ORDER FORM

DATE _____

CUSTOMER P.O. NUMBER _____

BILL TO _____

SHIP TO _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

PHONE NUMBER _____

RESERVE / QUOTE NO _____

REQUESTED SHIP DATE _____

ORDER CONFIRMATION EMAIL CONTACT _____

SHIPPING VIA _____ ACCOUNT _____

JOB NAME _____

FINAL DESTINATION _____

SPECIFIER / ARCHITECT _____

CITY _____ STATE _____ ZIP _____

REQUIRED FOR XOREL

|----- OPTIONS -----|

QUANTITY	PATTERN NAME / NUMBER	COLOR	UNBACKED	ACRYLIC BACKED	HEAVY ACRYLIC BACKED	X-PROTECT WALL	X-PROTECT SIT	FABRIC TREATMENTS / FINISH	UNIT PRICE
1.									
2.									
3.									
4.									
5.									
6.									

If you have any questions, please contact service@carnegiefabrics.com | T 800.727.6770 F 516.307.3765
Additional cut charges, treatment pricing and freight cost may apply. Pricing will be listed on Order Confirmation and Invoice.