

Decorative Pillow Measure Form

F A B T E X®

Project Information

Customer Name: _____

Property Name: _____

Address: _____

Phone: _____ Email: _____

Optional

PO#: _____ ACK#: _____

Quantity: _____

Face Fabric: _____

Back Fabric (if applicable): _____

Flange Fabric (if applicable): _____

Insert Required: Yes No

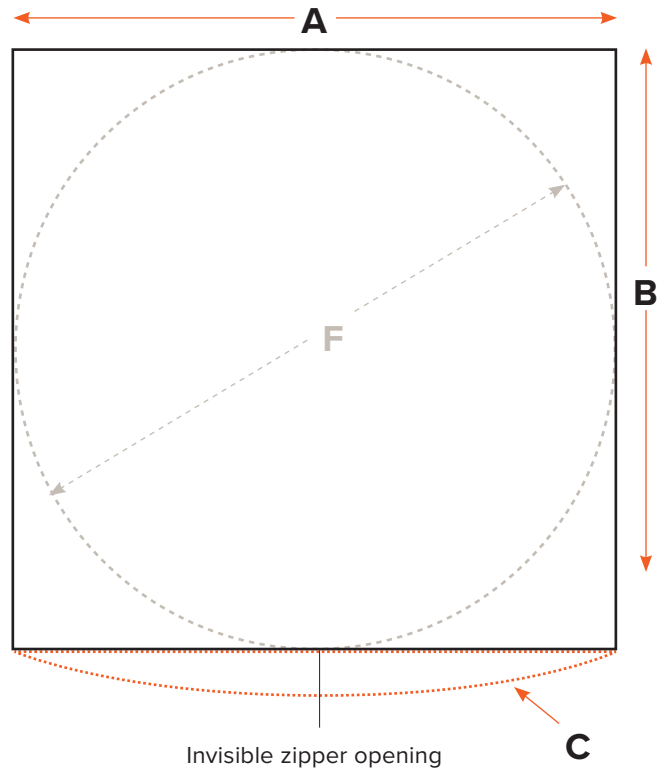
Pillow Type:

- Round Square Eurosham
 Bolster Rectangular Kidney-shaped

Dimensions

Please complete a copy of this for each different **type** of pillow.

| | Size (inches) |
|---|---------------|
| A Width | |
| B Length | |
| C Zipper Length | |
| D Flange (if applicable) | |
| E Welt (if applicable) | |
| <input type="checkbox"/> Self <input type="checkbox"/> Decorative | |
| F Diameter (for round pillows only) | |



Special Instructions

Prototype Waiver

Fabtex standard policy is to provide a prototype for all new pillow orders. Although waiving prototype is not recommended, a customer may wish to do so, in which case Fabtex, Inc. requires a signed copy of this form prior to production. If for any reason products described on this form do not fit properly, you will be responsible for all costs associated with re-working or replacing items.

- By checking this box, I signify that I am an authorized representative, and waive prototypes on the above items, in full understanding of the conditions of the waiver, and guarantee payment of all the products aforementioned.

Authorization

In order to assure product fits properly, please thoroughly complete and return this form. Finished product(s) will be sized based on the measurements provided above. If you have any questions, please call and speak with a Fabtex product specialist.

Signature: _____

Print Name: _____

Title: _____

Date: _____