

# Bed Scarf Measure Form

F A B T E X®

## Project Information

Customer Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Optional

PO#: \_\_\_\_\_ ACK#: \_\_\_\_\_

Quantity: \_\_\_\_\_

Fabric: \_\_\_\_\_

Back Fabric (if applicable): \_\_\_\_\_

Flange Fabric (if applicable) \_\_\_\_\_

Pattern Direction:  Railroaded  Non-railroaded

Quilt:  Quilted  Unquilted

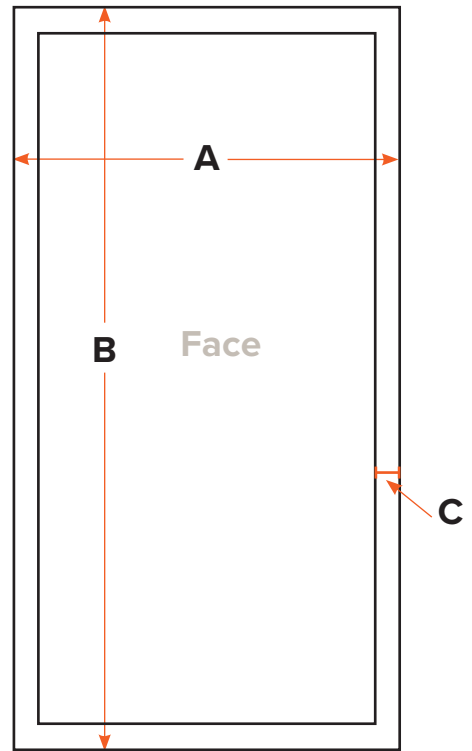
Construction:  Reversible  Non-reversible

Lining:  Two ply  Single Ply

## Dimensions

Please complete a copy of this for each different **size** of scarf.

	Size (in inches)
<b>A</b> Width	
<b>B</b> Length	
<b>C</b> Flange (if applicable)	
<b>D</b> Welt (if applicable) <input type="checkbox"/> Self <input type="checkbox"/> Decorative	



## Special Instructions

## Prototype Waiver

Fabtex standard policy is to provide a prototype for all new scarf 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: \_\_\_\_\_