

Please attach one copy of this form to your purchase order and one copy to the COM fabric.

PLEASE NOTE: ORDER CANNOT BE ENTERED OR SCHEDULED UNTIL ALL INFORMATION IS RECEIVED.

ORDER FORM COM (*Customer's Own Material*)/COL (*Customer's Own Leather*)

RETAILER NAME _____ CONTACT _____

EMAIL _____ PHONE _____ DATE _____

FROM:

SHIP TO:

VANGUARD FURNITURE
ATTN: COM Department
109 Simpson Street
Conover, NC 28613

PO # _____ For Style # _____

Tag for Customer _____ Fabric Supplier _____

Fabric Pattern _____ FabricColor _____

FabricDescription _____

Yardage to be Sent _____ Fabric Width _____

• Is the product shipping to California? Yes No

*UFAC Required Field if furniture is shipping to California		Please List COM/COL Information		
I.	II.		Supplier	Pattern/Color
		Fabric A		
		Fabric B		
		Fabric C		
		Fabric D		

***UFAC** (Upholstered Furniture Action Council)
I. Fabric meets Flammability Rating. **II.** Fabric does **not** meet Flammability criteria and must be used in conjunction with a barrier material.
(If unknown, check box II) (*May be subject to upcharge, contact customer service for pricing)

• Is a clipping or photo of each fabric included with this form? Yes No

• Is the fabric to be applied railroaded? Yes No

• Is the excess fabric to be returned to you? Yes No

• Are there multiple fabrics for one item? Yes No

• If yes, a line drawing must be attached with placement of each fabric.

• List the number of COM/COL fabrics to be used on this order: COM _____ COL _____

• Is fabric reversible? Yes No (If Yes, describe the face or dominant color of side to be used _____)

If your fabric has more than one area to spot, note which stripes, flowers, motifs or patterns to spot.

List spot areas: _____

If you would like us to use our best judgment for fabric application, please sign below:

Customer Signature _____

You may also email your form to COM@VanguardFurniture.com