

STANFORD FURNITURE CORPORATION

IMPORTANT COM VOUCHER

DEALER NAME: _____

ADDRESS: _____

PURCHASE ORDER #: _____ SIDEMARK : _____

QUANTITY AND STYLE #: _____

YARDAGE AMOUNT: _____

FABRIC SUPPLIER: _____

PATTERN # AND COLOR: _____

DESCRIPTION OF FABRIC: _____

PLEASE ATTACH A CLIPPING WITH THE **FACE SIDE SHOWING** AND THE **TOP OF THE DESIGN** UP OR IDENTIFY BOTH:

FABRIC DIRECTION: APPLY RAILROAD
(Across the bolt)

APPLY UP THE BOLT

ATTACH CUTTING
OR PHOTOCOPY
OF FABRIC

SPECIAL INSTRUCTIONS: _____

Note: Half drop fabrics used on chairs and ottomans, will be seamed unless other instructions are given.

PURCHASE ORDERS RECEIVED WITHOUT THIS VOUCHER WILL BE APPLIED AT FACTORY DISCRETION .

Please photocopy this voucher and send with purchase order to:	
TO:	STANFORD FURNITURE CORP. P.O. BOX 69 CLAREMONT, NC 28610 FAX# 828-459-1994

Ship COM to:	
TO:	STANFORD FURNITURE CORP. 2860 N. OXFORD STREET CLAREMONT, NC 28610 PH# 828-459-1992

THIS IS NOT AN ORDER FORM!

