



Name:

Street Address:

City and State:

Phone Number:

Email Address:

Date:

Reference:

Pillow Work Order

Size:	
Fabric Color:	
Solid Or Pattern:	Pattern Repeat:
Fabric Width:	
Interlining: Yes _____ No _____	
Quantity:	
Knife Edge: _____ Welt Cording: _____	
Insert: Down Alternative _____ 90/10 Feather Down _____	