



Pillow C.O.M. Order Form

Drea Custom Designs Workroom

Client Information

- Name: _____
 - Business Name (if applicable): _____
 - Phone: _____
 - Email: _____
 - Shipping Address: _____
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Project Information

- Room/Location: _____
- Quantity of Pillows: _____

Pillow Style (Select One)

- Knife Edge (standard flat seam)
 - Flanged Edge (fabric border)
 - Self-Welt (cording with same fabric)
 - Contrast-Welt (cording with different fabric)
 - Boxed Pillow (sides and top/bottom panels)
 - Other (please describe): _____
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Finished Size (Select One)

- Finished Width: _____ inches
 - Finished Height: _____ inches
 - Shape:
 - Square
 - Lumbar
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Fabric Information

- Fabric Vendor/Brand: _____
- Fabric Name/Pattern: _____
- Fabric Color: _____
- Fabric Width: _____ inches
- Pattern Repeat (vertical and horizontal): _____ inches
(If no repeat, write N/A)
- Fabric Top Direction (if directional):
 - Marked on Fabric
 - Top as Rolled

Insert Options

- Insert Type:
 - Polyester Insert (standard)
 - 90/10 Down Feather Insert (premium upgrade)
 - No Insert Needed (cover only)
 - Insert Included:
 - Yes, include insert
 - No, customer to provide insert
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Closure Type

- Invisible Zipper
 - Envelope Back
 - Exposed Zipper (Brass)
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Special Instructions

(Example: specific fabric placement, double-sided pillows, trims, or other details.)

Trim or Banding (Optional)

- Will you be supplying trim?
 - Yes (included with fabric shipment)
 - No
- Trim Placement:
 - Around Pillow Edges
- Inset Border (how far from edge?): _____ inches

Additional Notes