

Date _____

Showroom _____

Client Name _____

Salesperson _____

Donghia Order # _____

Wood Finish _____

Item Name/Number (one product per page) _____

1A. COM #1

Entire piece _____

Vendor _____

COM/COL Item # _____

Pattern Name _____

Color _____

Width _____

Horizontal Repeat _____ Vertical Repeat _____

Quantity Ordered _____

1B. COM APPLICATION (one answer only)

Railroading: Railroad Do Not Railroad
OR

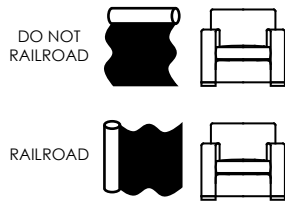
If using a stripe: Run Vertically Run Horizontally

1C. PATTERN MATCH

repeats over 15": Yes No Factory Discretion

SPECIAL NOTES: _____

*****REQUIRED*****
PLACE COM #1 CUTTING HERE
FACE SIDE UP
 This cutting is for color and pattern reference only. A larger sample may be required to determine if the material is suitable for upholstery.



2A. COM #2

All pillows _____

Vendor _____

COM/COL Item # _____

Pattern Name _____

Color _____

Width _____

Horizontal Repeat _____ Vertical Repeat _____

Quantity Ordered _____

1B. COM APPLICATION (one answer only)

Railroading: Railroad Do Not Railroad
OR

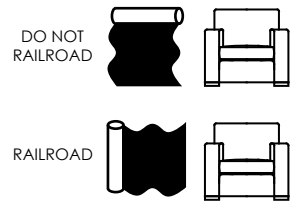
If using a stripe: Run Vertically Run Horizontally

1C. PATTERN MATCH

repeats over 15": Yes No Factory Discretion

SPECIAL NOTES: _____

*****REQUIRED*****
PLACE COM #2 CUTTING HERE
FACE SIDE UP
 This cutting is for color and pattern reference only. A larger sample may be required to determine if the material is suitable for upholstery.



PERIMETER DETAIL (if applicable)

Self Welt Contrast Welt Flange Cord Welt

Vendor _____

COM/COL Item # _____

Pattern Name _____

Color _____

Quantity Ordered _____

COM/COL is cut at the discretion of the factory based as closely as possible on the instructions provided above. Seaming details may vary from those on showroom samples. Donghia, Inc. specifically disclaims responsibility for the tailoring qualities of COM/COL and is not responsible for flaws, misweaves, etc. in other supplier's products. IF A CUTTING IS NOT ATTACHED TO THIS SHEET, DONGHIA IS NOT RESPONSIBLE FOR USING INCORRECT MATERIAL WHICH IS RECEIVED AND SIDEMARKED FOR THIS ORDER.

Signed _____ Date _____