



COM Form  
(Customer's Own Material)

FO #: \_\_\_\_\_

Designer Name: \_\_\_\_\_

Name/Tag: \_\_\_\_\_

Fabric Source: \_\_\_\_\_

Pattern Name or #: \_\_\_\_\_

Fabric Colour: \_\_\_\_\_

Fabric Description: \_\_\_\_\_

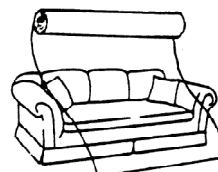
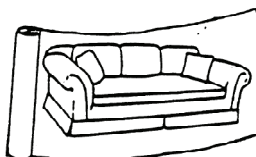
Yardage: \_\_\_\_\_

Apply Fabric:

Railroad

or

Right Way  
(up the roll)



Application Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will expect face side to be rolled to inside of roll unless otherwise specified.

Salesperson \_\_\_\_\_

Note: Please fill out this form completely, and fax back to Barrymore Furniture at 416-533-6650.  
Also required is a copy of this form to be attached to roll.