



Acrylic Insert Order Form

Retailer Name: Aurora Sewing Center

Account Number: 057200 Phone Number: 716-652-2811

Email: info@aurorasewingcenter.com

Salesperson: Aurora Sewing Center

Ship to: Store Customer

Customer Name: _____

Customer Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Customer Phone Number: _____

Sewing Machine Make: _____ Sewing Machine Model: _____

Approximate Machine Age: _____

Koala Cabinet Model: _____

Acrylic Insert Opening Measurement: _____

Customer Signature (Required for Order)

Date

Return signed form to info@aurorasewingcenter.com to place order.