



WWW.QUILTINGFINESSE.COM

SHOP DROP-OFF

SHOP/BUSINESS NAME: PHONE:

CLIENT NAME: PHONE:

ADDRESS:

DATE RECEIVED: DATE COMPLETED:

(TO BE COMPLETED BY QF)

QUOTED PRICE:

(TO BE COMPLETED BY SHOP)

DESCRIPTION:

QUILT LENGTH: QUILT WIDTH:

COLOUR: THREAD COLOUR:

DESIGN:

QUILTING PATTERN:

PLEASE NOTE: The choices you have made are yours. It is my job to execute those choices to the best of my ability. I am a quilter, not a mind reader. So if you leave the choice of quilting up to me, please understand that you have made that choice. My responsibility ends with the quality of my workmanship.

SIGNATURE: DATE:

	Yes!	No
Would you like to speak further about about possible design options, I can give you a call?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for the QUILTING detail to be photographed for social media?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like us to trim your quilt on completion, free of charge?	<input type="checkbox"/>	<input type="checkbox"/>