

For Store Use

Initials: _____

Lay# _____

Date In: _____

Due Date: _____

Rush



Rittenhouse Needlepoint

Attn: Finishing
1216 Arch St, Suite 2A
Philadelphia PA 19107
215-563-4566

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Pickup Ship (Please, no PO Box)

***Packages to us should be sent via UPS or FedEx for more reliable real-time tracking.**

Needlepoint Cleaning/Restoration

Project Description: _____

Age of needlepoint: _____ Don't Know

Are the threads used to stitch this project colorfast? Yes No Don't Know

Does needlepoint need to be cleaned? Yes No

If visibly **stained**, stain origin:

General Dust/Aging

Food/Grease

Blood

Smoke/Tobacco Products

Pet

Unknown

Does needlepoint need to be re-stitched? Yes No

- Estimated area to be re-stitched: _____ sq. in.

Does needlepoint need hole(s) patched? Yes No

Estimated Restoration Time: _____

Actual Restoration Time: _____

By signing below, you acknowledge that you, the customer, have provided your desired order specifications to the best of your ability and authorize the work to be executed based on these specifications. Thus, any post-production changes will come at an additional cost + shipping for any re-finishing work, should the desired order specifications change.

Customer Signature _____ **Date** _____