

COM SUBMISSION FORM

CUSTOMER NAME _____ DATE _____

PO # _____ SIDEMARK _____

ITEM # _____ ITEM DESCRIPTION _____

SPECIAL INSTRUCTIONS _____

FABRIC #1

NAME _____

UP THE ROLL

NUMBER/
COLOR _____

RAILROAD

WHERE USED _____

FABRIC #1 SAMPLE

FACE SIDE UP

FABRIC #2

NAME _____

UP THE ROLL

NUMBER/
COLOR _____

RAILROAD

WHERE USED _____

FABRIC #2 SAMPLE

FACE SIDE UP

TRIM #1

NAME _____

UP THE ROLL

NUMBER/
COLOR _____

RAILROAD

WHERE USED _____

TRIM #1 SAMPLE

FACE SIDE UP

TRIM #2

NAME _____

UP THE ROLL

NUMBER/
COLOR _____

RAILROAD

WHERE USED _____

TRIM #2 SAMPLE

FACE SIDE UP