Finisher: ________________________________

Date Sent: ______________________________

Charges: 832

Fabric (4351): ________________________________

Date Contacted: ________________________________

Date Picked Up/Shipped: ________________________________

NPC #: ________________________________

---

ORNAMENT & HANGING SIGN FINISHING

Date: ________________________________

Customer Name: ________________________________

Customer Phone Number: ________________________________

Customer Email: ________________________________

Description of Project: ________________________________

---

Choose One:

Soft/Puffy

Hard Back/“Cookie”

3-Dimensional

Trim:

Cording Colors/Type ________________________________

Self-Welt or Ruffle ________________________________

Fabric Details: ________________________________

---

Special Instructions or Notes:

---

Hanging Loop Illustration

---

Order Taken By: ________________________________

Customer Signature: ________________________________

---

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halloween</td>
<td>3/28/22</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>4/18/22</td>
</tr>
<tr>
<td>Hanukkah</td>
<td>4/18/22</td>
</tr>
<tr>
<td>Christmas</td>
<td>5/01/22</td>
</tr>
<tr>
<td>Finisher:</td>
<td></td>
</tr>
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<td>----------------------------------------------</td>
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<td>Date Sent:</td>
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<tr>
<td>Charges:</td>
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<tr>
<td>Fabric (4351):</td>
<td></td>
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<tr>
<td>Date Contacted:</td>
<td></td>
</tr>
<tr>
<td>Date Picked Up/Shipped:</td>
<td></td>
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</tbody>
</table>

**STAND UP FINISHING**

Date: ____________________________

Customer Name: ____________________________________________________________

Customer Phone Number: _____________________________________________________

Customer Email: ___________________________________________________________

Description of Project: _____________________________________________________

**Type:** Gusseted  Domed

**Fabric Color:** __________________________________________________________

**Cording Color:** _________________________________________________________

Order Taken By: ___________________________________________________________

Customer Signature: ______________________________________________________
PILLOW FINISHING

Date: ________________________________

Customer Name: ____________________________________________________________

Customer Phone Number: ______________________________________________________

Customer Email: ______________________________________________________________

Description of Project: _________________________________________________________

1. Circle One: Knife Edge  Bolster  Turkish Corner
   Box Edge-Width of Gusset ______ inches

2. Outside Edging Options: Self-Welt  Ruffle  Cording  Fringe
   Other: __________________________________________________________

3. Inset Options: Width of Inset ______ inches
   Inset Edging Options:
   Appliqued: Self-Welt  Ruffle  Cording
   OR
   Mitered

4. Zipper? Yes  No  

Special Instructions/Sketch:

5. Fabric Details ____________________

Order Taken By: ________________________________________________________________

Customer Signature: ___________________________________________________________
BELT FINISHING

Date: __________________________

Customer Name: ____________________________________________

Customer Phone Number: _______________________________________

Customer Email: ______________________________________________

Description of Project: __________________________________________

Choose One: Man Woman

Belt Size: ________________

Leather Color: Black Dark Brown Light Brown Other:

Buckle Color: Brass Silver Provided

Special Instructions or Notes:

Order Taken By: ________________________________________________

Customer Signature: ____________________________________________
STOCKING FINISHING

Date: ____________________________
Customer Name: ____________________________
Customer Phone Number: ____________________________
Customer Email: ____________________________
Description of Project: ____________________________

Fabric Backing: ____________________________  Hanging Loop Drawing: ____________________________
Fabric Lining: ____________________________
Tassel: Yes or No
Toe Direction: Left or Right
Special Instructions or Notes: ____________________________

Order Taken By: ____________________________
Customer Signature: ____________________________
ACRYLIC TRAY FINISHING

Date: ______________________________
Customer Name: ______________________________
Customer Phone Number: ______________________________
Customer Email: ______________________________
Description of Project: ______________________________

Acrylic tray finishing is a two-step process. First, your piece will be sent to a finisherto be turned into a hardback cookie. Then, your piece will be sent to our acrylic finisher who will custom cut the acrylic to fit your piece.

Step 1:  
Cording Color: ______________________________
Fabric Backing: ______________________________
Handles or No Handles: ______________________________
Order Taken By: ______________________________

Step 2:  
Choose One:

1. Tray
2. Backgammon Board
3. Chess Board
Removable or Permanent

Customer Signature: ______________________________
# FABRIC CLUTCH/PURSE

<table>
<thead>
<tr>
<th>Details</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
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</tr>
<tr>
<td>Customer Name:</td>
<td></td>
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<tr>
<td>Customer Phone Number:</td>
<td></td>
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<tr>
<td>Customer Email:</td>
<td></td>
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<tr>
<td>Description of Project:</td>
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</tr>
<tr>
<td>Fabric Backing:</td>
<td></td>
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<tr>
<td>Fabric Lining:</td>
<td></td>
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<tr>
<td>Credit Card Pockets:</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Zipper Color:</td>
<td></td>
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<tr>
<td>(For bigger clutches) Divider:</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Wristlet:</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Snap Closure:</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Order Taken By: ____________________________

Customer Signature: ____________________________
LEATHER CLUTCH/PURSE

Date: ________________________________
Customer Name: ________________________________
Customer Phone Number: ________________________________
Customer Email: ________________________________
Description of Project: ________________________________

Leather Color: ________________________________
Closure: Zipper  Snap  Magnet
Lining Color: ________________________________
Pockets: Yes  No
Divider: Yes  No
Strap: One  Two  Length: ________________________________

Order Taken By: ________________________________
Customer Signature: ________________________________
OTHER FINISHING

Date: __________________________
Customer Name: ________________________________
Customer Phone Number: __________________________
Customer Email: ________________________________
Description of Project: ____________________________

Order Taken By: ________________________________
Customer Signature: ____________________________