

CUSTOMER'S OWN MATERIAL PROGRAM

Please send a completed **photocopy** of this page to 9 To 5 Seating

Date: _____

Account Number: _____

Dealer Name: _____

Purchase Order Number: _____

Address: _____

City & Zip Code: _____

9 to 5 Order # (If Available): _____

Phone Number: _____

Model Number: _____

Dealer Contact: _____

Quantity: _____

Fabric Information

Mill: _____

Fabric Name/Number: _____

Fabric Color: _____

Total Yardage Shipped: _____

Application

Is there a desired top and bottom to the fabric?

Yes _____ No _____

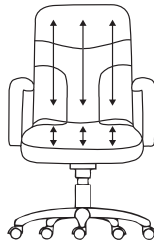
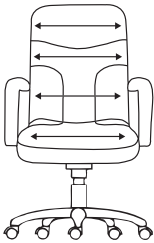
Is the fabric stripe or two-color plaid?

Yes _____ No _____

Check appropriate box for your choice of fabric direction:

Horizontal

Vertical



TOP

Attach sample textile here with desired face and direction displayed. If there is a pattern or repeat, the sample should be large enough to show entire repeat.

BOTTOM