

Custom Order Form

SitOnIt • Seating®



For all COM/COL orders or standard orders with custom textile upholstery directions, please complete the form below and email it as an attachment to purchaseorder@exemplis.com.

TIPS

- ALL the below fields are required. Submitting an incomplete form will delay the processing of your order.
- Upholstering more than one model? No problem. List the names of all models you want upholstered under "Product Name."
- Still got questions? We've got answers. Contact our Customer Experience team at (888) 274-8664

CONTACT INFORMATION

Dealer _____ Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

ORDER INFORMATION

Purchase Order Number _____ Sales Order Number _____

PRODUCT INFORMATION

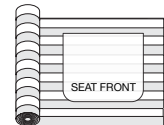
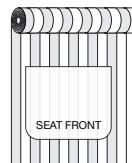
Product Name _____ Model Number _____ Quantity _____
 Product Name _____ Model Number _____ Quantity _____
 Product Name _____ Model Number _____ Quantity _____

TEXTILE INFORMATION

Manufacturer _____ Pattern _____ Colorway _____
 Total Yardage Shipped (for COM/COL) _____

Contains Flame Retardants: Yes No
 Declaration of Prop 65 Chemicals (If Applicable): _____

Per California Proposition 65, we are required to note that select textiles may contain chemicals known to cause cancer or reproductive toxicity. To learn more, please visit the Prop 65 web page.



Vertical or Off the Roll

Horizontal or Railroaded

FABRIC DIRECTION

To avoid confusion, you may wish to attach a sample textile with the desired face and direction indicated. Is there a desired top and bottom to the fabric application?

Yes No

Is the fabric a stripe or two-color plaid?

Yes No

Please refer to our standard and rotated fabric directions to the right. Indicate the desired fabric direction for each applicable component in the check boxes below.

Seat (Ottoman Side):	Vertical or Off The Roll <input type="checkbox"/>	Horizontal or Railroaded <input type="checkbox"/>
Back (Ottoman Top):	Vertical or Off The Roll <input type="checkbox"/>	Horizontal or Railroaded <input type="checkbox"/>
Arm:	Vertical or Off The Roll <input type="checkbox"/>	Horizontal or Railroaded <input type="checkbox"/>
Valance:	Vertical or Off The Roll <input type="checkbox"/>	Horizontal or Railroaded <input type="checkbox"/>

