

BILL TO: _____ P.O.# _____ QUOTE # _____
 Firm Name: _____ WORKORDER
 Your Name: _____ SAVE FABRIC
 Street: _____
 City: _____ St. _____ Zip: _____
 Phone: _____ Fax: _____

WORK ORDER # 7
TRADITIONAL OR OPEN SWAGS



Precision Draperies, LLC
 1030 W. Ellsworth Ave, Unit B
 Denver, CO 80223
 Phone: 303.722.8814
 Fax: 303.722.8815

ORDER # _____ PAGE _____ OF _____
 NEED BY: _____ TODAY'S DATE _____
 SHIP VIA _____
 CUSTOMER _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

QUOTE—LABOR YARDAGE HARDWARE INSTALL MEASURE ADDITIONAL PAGES

REFERENCE X = WHERE APPLIES										SWAG INFORMATION										CASCADE / PANEL INFORMATION																													
QUANTITY		ROOM/LOCATION		TRADITIONAL +		OPEN +		STYLE #		FACE WIDTH		RETURNS		# OF SWAGS		LONG POINT		SHORT POINT		BIAS		UPRIGHT (SEAMED)		RAILROAD		REDUCED HEADER		COVER TOP		CASCADE STYLE #		CASCADE WIDTH		# OF WIDTHS		LONG POINT		SHORT POINT		UNDER SWAG		OVER SWAG		STRAIGHT		MITTERED		FACED +	
										FINISHED LENGTH										FINISHED LENGTHS																													
										← X →										X																													
										L										LEFT																													
										R										RIGHT																													

JABOT STYLE #		# OF JABOTS		UNDER SWAG		OVER SWAG		LONG POINT		SHORT POINT		FINISHED WIDTH		# OF KNOTS		# OF ROSETTES		TRIM SIZE		PLACEMENT	
SWAG FABRIC		VENDOR/PATTERN		WIDTH / RPT/YDS		CASCADE FACE		VENDOR/PATTERN		WIDTH / RPT/YDS		JABOT FACE		VENDOR/PATTERN		WIDTH / RPT/YDS					
COLOR/DESCRIPTION						COLOR/DESCRIPTION						COLOR/DESCRIPTION									
SWAG LINING		VENDOR/PATTERN		WIDTH / RPT/YDS		CASCADE LINING		VENDOR/PATTERN		WIDTH / RPT/YDS		JABOT LINING		VENDOR/PATTERN		WIDTH / RPT/YDS					
COLOR/DESCRIPTION						COLOR/DESCRIPTION						COLOR/DESCRIPTION									

DETAILS/ADD-ONS / SPECIAL INSTRUCTIONS / DRAWINGS

QTY	HARDWARE

Check here if SWAG is to match (cut from the same bolt of fabric)
 Rod Pockets, Draperies or Fabric shades which accompany this order.

INSTALLATION INSTRUCTIONS	
PLACEMENT	
AT CEILING	
ON TRIM	
IN. ABOVE OPENING	
INSIDE MT	
LT. EXTENSION	
RT. EXTENSION	
WALL -WALL	
HANGS TO	

Authorization signature _____

Date _____