BILL TO: P.O.#_____

Firm Name: _____

Your Name: _____

Street: _____

City: _____ St. ____Zip: _____

Phone: _____Fax:_____

QUOTE #_____

WORKORDER ☐

SAVE FABRIC ☐

WORK ORDER # 3
TOPPERS

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 ←X→ SELECT LINING TYPE & COLOR

ITEM #	ROOM/LOCATION	QUANTITY	STYLE #	FACE WIDTH	RETURNS	REDUCED HEADER	FINISHED LENGTH	MEDIUM POINT	SHORT POINT	FULLNESS	# OF WIDTHS	HEADER (IF NEEDED)	UPRIGHT (SEAMS)	RAILROADED	COVER DUST CAP	OUTSIDE MT	INSIDE MT (WKRM MAKE ALLOWANCE)	UNLINED	THERMAL	COTTON SATEEN	BLACKOUT	SELF	INTERLINING	CONTRAST	WHITE	IVORY	OTHER	SIZE TRIM / OTHER	PLACEMENT
1																												
2																												

Fabric #A VENDOR/PATTERN WIDTH / RPT/YDS

COLOR/DESCRIPTION

Fabric #B VENDOR/PATTERN WIDTH / RPT/ YDS

COLOR/DESCRIPTION

Fabric #C VENDOR/PATTERN WIDTH / RPT/YDS

COLOR/DESCRIPTION

#1 DETAILS/ADD-ONS / SPECIAL INSTRUCTIONS / DRAWINGS

#2 DETAILS/ADD-ONS / SPECIAL INSTRUCTIONS / DRAWINGS

INSTALLATION INSTRUCTIONS
PLACEMENT

ITEM #	#1	#2
AT CEILING		
ON TRIM		
IN. ABOVE OP		
INSIDE MT		
LT. EXTENSION		
RT. EXTENSON		
WALL -WALL		

☐ Check here if TOPPER is to match (cut from the same bolt of fabric)
Swags, Cornices, Rod pockets or Draperies… etc which accompany this order

REV. OCT. 2010 © www. DraperyEducation.com

Authorization signature _____ Date