



## Accessories Work Order

Company:	Tag Name:	Date:
Designer:	P.O. #:	W.O. #: of

Supply List:	Supplier:	Pattern Name / Code:	Colour Name / Code:	Yards:	<input checked="" type="checkbox"/>
	<b>A</b>				<input type="checkbox"/>
	<b>B</b>				<input type="checkbox"/>
	<b>C</b>				<input type="checkbox"/>
	<b>D</b>				<input type="checkbox"/>
	<b>E</b>				<input type="checkbox"/>

### Item / Style:

- Bench Seat
- Chair Pad
- Chair Seat (Upholstered)
- Placemat
  - Rectangle
  - Round
- Table Cloth
  - For Rectangle
  - For Round
  - For Square
- Table Runner
- Throw
- Toss Cushions
  - Bolster
  - Boxed
  - Bull's-Eye
  - Envelope
  - Rectangle
  - Round
  - Square
  - Turkish Corners
- Other: \_\_\_\_\_

### Detail:

- Banding
- Flanged
- Knife Edge
- Lipcord / Trim
- Self-Piped
- Ruffled
- Other: \_\_\_\_\_

### Measurements:

Please specify all measurements necessary to your design, and leave blank those that don't apply:

Unit #:	Width:	Length:	Height:	Diameter:		
@						
@						
@						

### Specs:

Please indicate a  in each of the following categories, or specify Other where applicable:

**Foam:** 1" 2" 3" 4" Keep Old Foam Other:

**Lining Method:** No Lining Lined Self-Lined Both Lined & Inter-Lined

**Lining Type:** Regular Percale Combo Other:

**Lining Colour:** White Ivory Black Other:

**Extras:** Buttons Feather Inserts Other:

**Total # of  
Items:**