

**Attention:** Please forward a copy of this completed form to your CSR for record keeping.

**ORDER INFORMATION**

Quote No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

Customer Service: \_\_\_\_\_

Dealer Name/Project Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

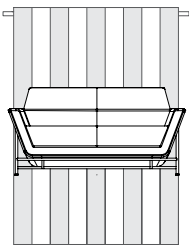
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Model Number(s) Receiving COM/COL: \_\_\_\_\_

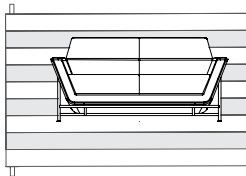
Fabric Mill + Pattern Name: \_\_\_\_\_

**SELECT OFF THE BOLT APPLICATION**

**Up The Roll** [ *standard on most seating* ]



**Railroaded**



**ATTACH SAMPLE HERE [ 4" X 4" minimum ]**  
**OR SEND SAMPLES TO: JSI**

ATTN: COM/COL  
APPROVAL DEPARTMENT  
RECEIVING B, DOCK 71  
201 EAST MARTIN ST.  
ORLEANS, IN 47452

**ADDITIONAL INFORMATION**

*love what you do*



**CORPORATE OFFICE**  
225 CLAY STREET  
JASPER, INDIANA 47546



800.457.4511 **TOLL FREE**  
812.482.3204 **OFFICE**  
812.482.1548 **FAX**



**JSIFURNITURE.COM**