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C.O.M. IDENTIFICATION SHEET

SHOWROOM: _____ SALESPERSON: _____

P.O. #: _____ B/R ORDER #: _____

CUSTOMER: _____ SIDEMARK: _____

ITEM: _____

C.O.M.#1: Manuf: _____ Description: _____

 Product: _____ Color: _____

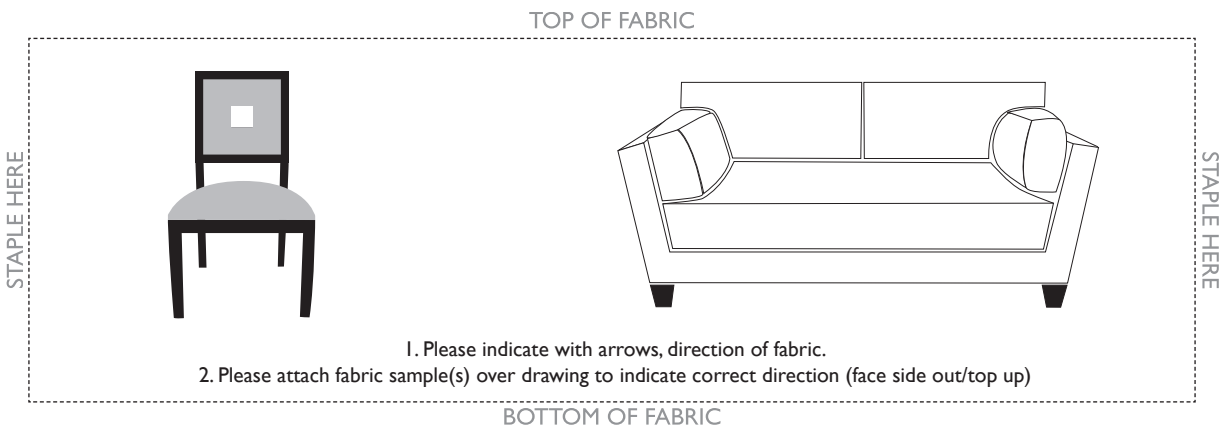
Options Apply at manufacturer's discretion Apply per the following instructions

C.O.M.#2: Manuf: _____ Description: _____

 Product: _____ Color: _____

Options Apply at manufacturer's discretion Apply per the following instructions

Signed: _____ Date: _____



All upholstery measurements are approximate. Measurements, where listed, are from floor to seam or seam to seam and do not include the crown. If you have a critical dimension to maintain please make us aware of it in writing.