

Designers Wholesale Workroom

Pillows

Order / Quote

Account Name: _____	Date: _____	Ship to: _____
Account Number: _____	Contact: _____	Address: _____
PO #: _____	Fax #: _____	City/State/Zip: _____
Sidemark: _____	Phone #: _____	Contact Phone: _____
Circle One: Deliver / Install / Customer Pick Up Special Notes: _____ _____ _____		*** NOTE*** Please write in any add-on items not included in base pillow under the "Special Instructions" line for each pillow

QTY	Room	Style #	Size <small>(width x length or diameter if round)</small>	Zipper	Filler	Fabric A	Fabric / Trim B	Fabric / Trim C
				Yes / No	Poly / Down / C.O.M.			
Special Instructions: _____								
				Yes / No	Poly / Down / C.O.M.			
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