

Cushion Order Form - Request for Quote

date _____

Name _____ Address _____ City _____ St _____ Zip _____ Email Address _____	Phone _____ Fax _____ Cell _____	Please Send me these Fabric Samples Fabric 1 _____ Fabric 2 _____ Fabric 3 _____
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Please double check you total bed size. This is the overall width from side to side and length from wall to wall. Lay all the cushion out flat and verify that they fill the area for the bed. This is a simple check that allows you to verify your measurments.

	Qty	Fabric	Cushion Style*	Underside fabric / vinyl	Measurements			Foam only	Covers only
					Thick	Width	Length		
1									
2									
3									
4									
5									

* Waterfall (WF) California Waterfall (CWF) Classic (CL)

Notes or Special Instructions. (ie hinge type/ width)