

DATE	ORDER NUMBER
PO NUMBER	
PROJECT	
PURCHASER	

## C.O.M. APPLICATION INSTRUCTIONS

### FABRIC SHIP TO ADDRESS:

**Applied Textiles for Jane Hamley Wells**  
 555 76th Street S.W.  
 Byron Center, MI 49315  
 Attn: Dawn Acton  
 p: 616-559-6100

### SEND COPIES OF THIS FORM TO:

- Fabric Mill for inclusion with packing list
- [info@janehamleywells.com](mailto:info@janehamleywells.com)

### INTERNATIONAL SHIPMENTS

All duties and taxes are responsibility of the customer.

Reference: Jane Hamley Wells

### APPLY C.O.M. TO THE FOLLOWING JHW ITEM:

COM IS TO BE APPLIED TO: *(Check all that apply.)*

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> SEAT CUSHION   | <input type="checkbox"/> TOSS PILLOW w" _____ x h" _____ | <input type="checkbox"/> FLANGE |
| <input type="checkbox"/> BACK CUSHION   | <input type="checkbox"/> CONTRASTING WELT                | <input type="checkbox"/> OTHER  |
| <input type="checkbox"/> LUMBAR CUSHION | <input type="checkbox"/> FRAME                           |                                 |

TOTAL NUMBER OF CUSHIONS WITH THIS COM

<input type="text"/>	SEAT CUSHION	<input type="text"/>	TOSS PILLOW	<input type="text"/>	WELTS/FLANGE
<input type="text"/>	BACK CUSHION	<input type="text"/>	FRAME	<input type="text"/>	OTHER

COM MFG.	
STYLE	
COLOR	
DESCRIPTION	
WIDTH	
REPEAT	v. <input type="text"/> h. <input type="text"/>
TOTAL YARDS	

**PLACE FABRIC IMAGE OR STAPLE FABRIC SWATCH HERE**

Attach fabric swatch indicating direction in which fabric is to be applied (*face side out/top up*).

OPTIONS <i>(Check all that apply.)</i>	NOTES /INSTRUCTIONS	PROVIDE ILLUSTRATIONS
<input type="checkbox"/> OUTDOOR FOAM <input type="checkbox"/> TIES <input type="checkbox"/> SELF-WELT <input type="checkbox"/> CONTRASTING WELT <input type="checkbox"/> FLANGE <input type="checkbox"/> OTHER		

Jane Hamley Wells bases all COM yardage on 54" w fabric, plain goods. Jane Hamley Wells will not be responsible for COM shortages due to changes in vertical and horizontal repeats or a decrease in fabric width. I authorize JANE HAMLEY WELLS to follow the C.O.M. application instructions described on this card.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_