



Programming Notes – Seating

PLEASE FAX COMPLETED FORM TOLL-FREE TO 1-866-234-1661

Date of Request: _____ Due Date: _____ "RUSH" required? _____ (less than 72 hr. turn-around)

Dealer Name: _____ Contact: _____
Phone: _____ Mobile: _____ Fax: _____ Email: _____

Project Name: _____ Location: _____
Scope of Work: _____

Submittal Requirement:

Commercial ___ GSA ___ Final-quote w/ Design ___ Budgetary (w/Design)___ Budgetary (no Design)___
Based on Typical ___ # of Typical ___

Seating:

Qty Task ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Fixed ___ Adj ___ Arm Style _____

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___

Base Style _____ Base Finish _____ Caster Style _____

Qty Guest ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Fixed ___ Adj ___ Arm Style _____

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___ Base Style _____ Base Finish _____

Qty Exec ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Fixed ___ Adj ___ Arm Style _____

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___

Base Style _____ Base Finish _____ Caster Style _____

Qty Conference ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Fixed ___ Adj ___ Arm Style _____

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___

Base Style _____ Base Finish _____ Caster Style _____

Qty Stacking ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Arms ___

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___ Arm Style _____

Base Style _____ Base Finish _____ Caster Style _____

Qty Break Rm ___ Type _____ Size ___ Fabric/Finish _____

Arms: No Arms ___ Arms ___

Armpads: Hard ___ Vinyl ___ Fabric ___ Leather ___ Arm Style _____

Base Style _____ Base Finish _____ Caster Style _____

Qty Lounge ___ Type _____ Location _____ Fabric/Finish _____

Qty Lounge ___ Type _____ Location _____ Fabric/Finish _____

Qty Lounge ___ Type _____ Location _____ Fabric/Finish _____

COM's:

Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
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Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____
Chair_____	Manuf./Pattern/Color_____	Yds. Required ____	Net Cost/Yd. _____

Notes, Specials, Other:

** Please attach separate page(s) of any additional programming information, sketches, field-dimensions, specs, etc..*