

COM/COL Form

(Entire Form must be filled out)

Dealer Name	Fabric Supplier
Address	Pattern Name and Number
City/State/Zip	
Telephone	Pattern Repeat (<i>in inches</i>) *Order will not be processed with out this information No Repeat _____ Vertical Repeat _____ Horizontal Repeat _____
Dealer Account Number	Purchase Order Number

Quantity	Model Number	Textile Supplier/Textile Color Name/Number	Finish	Tag

Attach fabric sample below, face side up in the direction it is to be applied to the chair.

Ship original order and this form with COM/COL yardage to:
La-Z-Boy Contract Furniture
Attention: COM/COL Department
1300 North Broad Street
Leland, MS 38756