

# Customer's Own Material Program – Approval Form

## CUSTOMER & PRODUCT INFORMATION

Date		Customer Account Number	
Dealer Name		Purchase Order Number	
Dealer Contact		SAFCO Order Number, if available	
Street Address		SAFCO Product Model Number	
City, State, Zip Code		Total Number of Chairs Needed	
Phone Number		Dealer Email	

## TEXTILE INFORMATION

Mill		APPLICATION	
Fabric Color		Is there a desired top/bottom to the fabric? (YES/NO)	
Fabric Name/Number		Is the fabric a stripe or 2-color plaid? (YES/NO)	
Total Yardage Shipped			

## TEXTILE ORIENTATION

