COM & SPECIAL UPHOLSTERY FORM

For all COM/COL orders or orders with custom textile upholstery directions, please complete one form for each model and/or textile.

Contact Information	า						
Dealer				Contact Name			
Address				City State			
Phone Fax				Email			
Order Information							
Purchase Order Number				Sales Order Number			
Product Information	1						
Product Name				Model Number			Quantity
Textile Information							
Manufacturer				Pattern Colorv		Colorwa	ay
Total Yardage Calculated (for CC (To calculate, reference COM Calculation	•				ed (for COM/COL)		
Contains flame retardants:	Yes	No	Per California Propos				
Prop 65 compliant:	Yes	No		nown to cause cancer			
PFAS compliant (AB1817):	Yes	No	please visit the Prop				
Fabric Direction To avoid confusion, you may wis desired face and direction indica					3))))))))))		

the fabric application?

Yes No

Is the fabric either a stripe or two-color plaid?

Yes No

Please refer to our standard and rotated fabric directions to the right. Indicate the desired fabric direction for each applicable component below.

Seat (Ottoman Chassis): Vertical Horizontal Back (Ottoman Top): Vertical Horizontal Arm: Vertical Horizontal Valance: Vertical Horizontal

Please attach this form with your order submission. If you are submitting a COM/COL order, make sure to include your PO# with the textile that you mail to our factory:

SITONIT SEATING

Attn: COM Engineer

6280 Artesia Blvd., Buena Park, CA 90620

