

LEE JOFA

FURNITURE
WORKROOM

Complete the form below and submit to furniture@leejofa.com or fax to 516.293.2054.
For assistance completing the form call 800.648.5728 ext. 2484.

SPECIFY: Quote Order

DATE:	INSTALLATION DATE:
ACCOUNT #:	SHIP TO: In Home <input type="checkbox"/> Dock Delivery <input type="checkbox"/>
ACCOUNT NAME:	
PHONE #:	
PO #:	

SIDEMARK:

QUANTITY: _____ SKU: JF _____ - - -

FRAME #
List one style number and description from pages 3-7

ARM SELECTION
List one style number and description from page 9

BACK SELECTION
List one style number and description from page 11

BASE SELECTION
List one style number and description from pages 13-14

SKU DESCRIPTION:

OVERALL WIDTH:

OVERALL DEPTH:

BY-THE-INCH CUSTOM WIDTH, DEPTH or HEIGHT: If a standard width, depth or height is not precise enough enter custom dimensions here

FABRIC: If a COM/COL is selected please complete the COM/COL form and attach

PATTERN: _____ COLOR: _____ SUPPLIER: _____

TRIM: List one type from page 16

BORDER: List one type from page 16 Front Border Front Borderless

SEAT CUSHION FILL: List one type from page 17

LOOSE BACK CUSHION FILL (as applicable): List one type from page 17

FINISH (as applicable): List one from pages 18

NAILHEADS: If specified, list one from page 19 Head to Head 1" Spaced

SPECIAL REQUESTS: