

FABRICUT® COM IDENTIFICATION FORM

Please use this form when providing COM materials for your Furniture order.

*IMPORTANT: Send a copy of this completed form to your fabric supplier.
Failure to do so may result in delays and additional processing charges.*

FABRICUT®

SHIP TO:

Fabricut Furniture

COM Department
211 Old Thomasville Rd.
High Point, NC. 27260

Fabricut Customer Name:

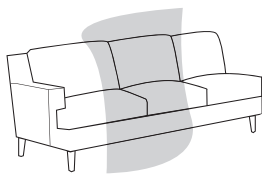
Order Number:

Vendor Name and Pattern/Color:

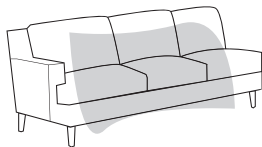
Yards Shipped:

Line Item/Furniture Piece:

**PLEASE INDICATE DIRECTION OF
FABRIC AND WHICH SIDE TO USE**



Vertical



Horizontal

IF AVAILABLE,
PLEASE PROVIDE YOUR COM HERE
WITH THE FACE SIDE UP

*Unless otherwise specified, Fabricut Furniture will apply COM using its best judgment.
We also reserve the right to determine the face of the fabric and direction of the pattern unless specified.*

INCLUDE THIS FORM AS A PACKING SLIP TO IDENTIFY THE ORDER IT BELONGS TO

Phone: 833.662.7043 | Fax: 800.888.7171 | Email: furniture@fabricut.com