Arizona Cushions & Umbrella Mfg., Inc.
Cushions Form

*Customer Name:*_____ *Date:*_____
Adress: _____
*Phone:*_____
E-Mail: _____

Please Circle:
Type Of Cushion Size . ***Manufacturer Info Only:***

QUANTITY:_____

Seat Only Thickness_____ ***Quote:$***_____

Chair Hinged Seat Width_____ ***Date:***_____

2Pc Chair Seat Depth_____ ***Initials***:_____

Chaise Lounge Hinged Back Width_____

2 Pc Chaise Back Height_____

Ottoman

Manufacturer (**if Known**):_____

Fabric:_____

Type Of Edge: Boxed Corners Knife Boxing Single Welt **Color**_____ Dbl Welt **Color**_____

Ties: Quantity_____ Velcro Corner Regular None
Length_____

Location of Ties: Top Bottom Hinge Other_____

Filling: Foam Fiber Foam Wrap Other_____

Other: Buttons _____ Bolster _____ Hoods _____

Sample: Sketch (**On Back**) Photo Sample-Fabric _____(None)
(**Description**) _____

***Additional Information*:**

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