

Bedsread Specification Sheet

P.O. NO. _____ S/M: _____

NAME: _____ DATE: _____

ADDRESS: _____ PROMISED: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

QUANTITY	SIZE	QUILTING PATTERN	FILLING	STYLE	SOURCE & FABRIC NAME, NUMBER & COLOR
	TWIN				
	FULL				
	QUEEN				
	KING				

WELTING :

PILLOW TUCK :

SPREAD MEASUREMENTS:

WIDTH _____

LENGTH _____

DROP _____

RUFFLE MEASUREMENTS:

WIDTH _____

LENGTH _____

DROP _____

COST:

