

LONGARM INTAKE ORDER FORM

CLIENT NAME:		P/U DATE:
CLIENT PHONE NUMBER:		
DATE NEEDED BACK:	DIME	ENSIONS OF QUILT:
THREAD COLOR (TOP):	_ THRE	EAD COLOR (BACK):
STITCH DESIGN:		
ANY SPECIAL DETAILS KRISTIN NEED	DS TO KNOW:	
BACKING PROVIDED BY CLIENT:	YES	NO (YARDS NEEDED)
IF NOT, CHARGE FOR B	ACKING: \$	
BATTING PROVIDED BY CLIENT:	YES	NO (PLUSH 90" OR WARM 100 110")
IF NOT, CHARGE FOR B	ATTING: \$	
BINDING SERVICES NEEDED:	YES	NO (\$20.00/HR)
IS SO, CHARGE TO BIN	D: \$	
·	TH CLIENT FO	NW (IF ANY ISSUES ARRISE, KRISTIN WILL R APPROVAL OF NEXT STEPS AND ANY
X		CLIENT APPROVAL SIGNATURE