

LONGARM INTAKE ORDER FORM

CLIENT NAME:		P/U DATE:
CLIENT PHONE NUMBER:		
DATE NEEDED BACK:	DIMENSIONS OF QUILT:	
THREAD COLOR (TOP):	THRE	AD COLOR (BACK):
STITCH DESIGN:		
ANY SPECIAL DETAILS KRISTIN NEEDS T	O KNOW:	
BACKING PROVIDED BY CLIENT: IF NOT, CHARGE FOR BACK		
BATTING PROVIDED BY CLIENT: IF NOT, CHARGE FOR BATTI		NO (PLUSH 90" OR WARM 100 110")
BINDING SERVICES NEEDED: YES NO (\$2 IF SO, CHARGE TO BIND: \$_		
BEST GUESS QUOTE FROM LONGARM (STOP ALL WORK AND CONSULT WITH C CHANGE IN FEES QUOTED): \$	CLIENT FOR A	•
v		CLIENT ADDDOVAL SIGNATURE