

Level 4 Designs COM Direction Form

A completed COM Direction form is required to be emailed in for all patterned COM fabrics.

Please mail a COM swatch or scan in and email a copy of the COM swatch showing requested application.

CUSTOMER NAME: _____ CUSTOMER PO #: _____

LEVEL 4 DESIGNS SALES ORDER # _____ Model # COM IS BEING APPLIED ON: _____

COM FABRIC MANUFACTURER: _____ PATTERN: _____ COLOR: _____

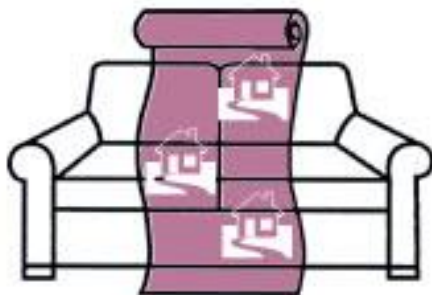
VERTICAL REPEAT: _____ HORIZONTAL REPEAT: _____ IS FABRIC MATCHING REQUIRED? : YES _____ NO _____

IF A STRIPED FABRIC, PLEASE INDICATE WHICH WAY TO RUN STRIPES: HORIZONTAL _____ VERTICAL: _____

DOES FABRIC HAVE A REQUESTED DIRECTION/APPLICATION: YES _____ NO _____

If above answer is "yes", please circle requested COM Direction below. If no COM directional information is provided, the factory will apply the COM best way.

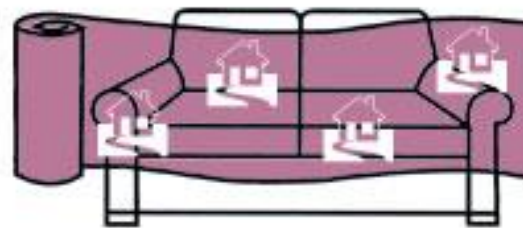
PLEASE CIRCLE REQUESTED APPLICATION:



Regular

Top of pattern goes up the roll

Pattern cut up the roll or "off the bolt"



Railroaded

Top of pattern goes to one side of roll

Pattern cut "across the roll"