

# FURNITURE ORDER

**JOHN  
ALAN  
DESIGNS**

129 NEW ROAD SIDE  
HORSFORTH, LEEDS LS18 4QD  
TEL (0113) 2586596  
FAX (0113) 2818069

CUSTOMER ADDRESS


WORK TEL.

DELIVERY ADDRESS


HOME TEL.

ORDER NO.


DATE

MODEL	QTY	SOFA SIZE	NUMBER OF CUSHIONS PER ITEM			BED WIDTH	BED TYPE	MATTRESS TYPE	PRICE £	NO. OF METRES
			Seat:	Back:	Side:		Slatted / Mesh	Regular / Sprung		
			Seat:	Back:	Side:		Slatted / Mesh	Regular / Sprung		
			Seat:	Back:	Side:		Slatted / Mesh	Regular / Sprung		

**Sofa Bed Price**

**ANY OTHER INSTRUCTIONS**

**TRIM REQUIRED** (Please tick the appropriate box and cross out items not required)

<b>Cover</b>	Calico <input type="checkbox"/>	Fixed <input type="checkbox"/>	Removable <input type="checkbox"/>		
<b>Skirt</b>	None <input type="checkbox"/>	Kick Pleat <input type="checkbox"/>	Box <input type="checkbox"/>	Frill <input type="checkbox"/>	Bun Feet <input type="checkbox"/>
	Half Border <input type="checkbox"/>	Full Border <input type="checkbox"/>	Bullion Fringe <input type="checkbox"/>		
	Manufacturer of Bullion Fringe: Ref:				
<b>Piping</b>	Self Piping <input type="checkbox"/>	Contrast Piping <input type="checkbox"/>	Flanged Piping <input type="checkbox"/>		
	Manufacturer of Flanged Piping: Ref:				
<b>Cushions</b>	BACK:	Feather+Down <input type="checkbox"/>	Feather <input type="checkbox"/>	Dacron Wrap N/A <input type="checkbox"/>	Fibre <input type="checkbox"/>
	SEAT:	Feather+Down <input type="checkbox"/>	Feather <input type="checkbox"/>	Dacron Wrap <input type="checkbox"/>	Fibre N/A <input type="checkbox"/>
	SIDE:	Feather+Down <input type="checkbox"/>	Feather <input type="checkbox"/>	Dacron Wrap N/A <input type="checkbox"/>	Fibre <input type="checkbox"/>
		Quantity: <input type="checkbox"/>	Quantity: <input type="checkbox"/>	Fabric: <input type="checkbox"/>	Size: <input type="checkbox"/>
<b>Trim</b>	TIE BACKS:	Manufacturer: Ref:			

**FABRIC TO BE USED**

Manufacturer:	Ref:		
Inter liner	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any extra material required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Metres: Fabric:
Scotch Guarding required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Pay Scotchcare direct)
Armcaps required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many pairs: Fabric:

**CUSTOMER FEEDBACK**

**How did you hear about John Alan Designs?**

A. From a friend? YES  NO

B. From an advertisement? YES  NO

In which magazine? -----

C. From the Internet? YES  NO

D. Other -----

**How long have you known about us?**

Recently  Less than 1 year

Less than 5 years  Less than 10 years

Less than 20 years  Longer

I would like you to proceed with the order as set out above. I understand that all items are supplied subject to availability and your conditions of sale and that the balance outstanding on my order is due when I am advised that my order is nearing completion.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

<b>Special Instruction</b>	
<b>Total</b>	
<b>Deposit</b>	
<b>Balance</b>	
<b>Delivery</b>	