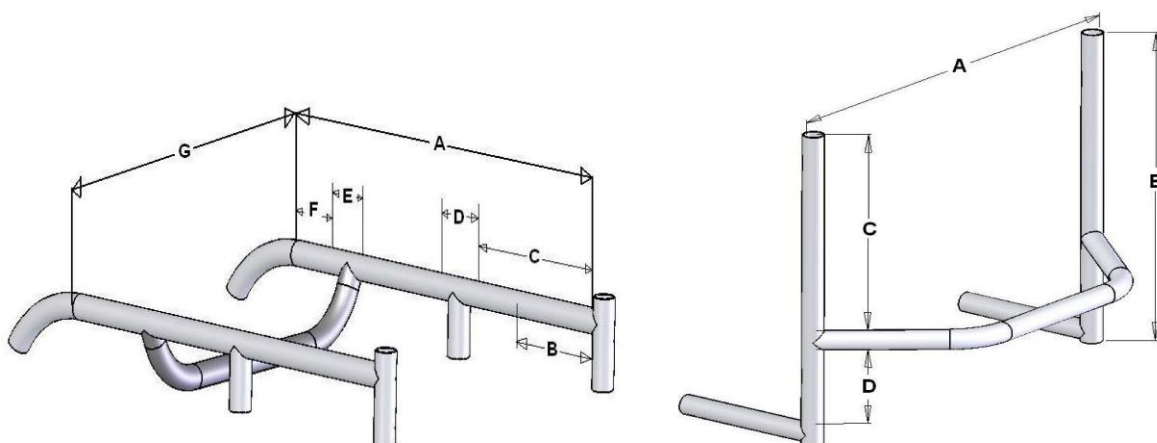




UPHOLSTERY ORDER FORM

Customer Name:	Make of Chair
Address:	
Postal Code:	Color of New Upholstery
Email:	
Tel. No: (Home)	Folding or Fixed Back
Tel. No: (Work)	



Please ensure that all measurements are completed accurately and legibly				
	Seat Sling	MM	Backrest	MM
A	Overall Seat Sling Length		A	Overall Frame Width
B	Distance from Backrest to pivot hold (fold back only)		B	Backrest height from top of seat rail
C	Distance from backrest to vertical frame brace (if fitted)		C	Distance from backrest brace to top
D	Thickness of vertical frame brace (if fitted)		D	Distance from seat rail to underside of backrest brace
E	Thickness of under seat cross brace			
F	Distance in front of under seat cross brace			
G	Seat Width (not illustrated)			
H	Velcro Hook or Loop (not illustrated)			



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