

The Wellesley Needlepoint Collection
 22 Grove Street, Wellesley, MA 02482
 Phone 781-235-2477 Fax 781-235-1665

For Store Use Only
 Amount _____
 -Fin. Dep. _____
 Total _____

Finishing Order Form

DATE _____

Customer Name _____ Phone Number _____

EMAIL : _____

Description of Item _____

To Be Finished As:

<input type="checkbox"/> Pillow <input type="checkbox"/> Inset <input type="checkbox"/> Box Edge <input type="checkbox"/> Knife Edge <input type="checkbox"/> Pleated Corners <input type="checkbox"/> Twisted Cord <input type="checkbox"/> Self Welt <input type="checkbox"/> Loopy Fringe <input type="checkbox"/> Ruffle <input type="checkbox"/> Knotted Corner <input type="checkbox"/> Other	<input type="checkbox"/> Ornament <input type="checkbox"/> Flat Back/Pouf <input type="checkbox"/> Pouffy <input type="checkbox"/> Twisted Cord <input type="checkbox"/> Self Welt <input type="checkbox"/> Loop to Hang <input type="checkbox"/> Bow <input type="checkbox"/> Styrofoam <input type="checkbox"/> Disc. <input type="checkbox"/> Other	<input type="checkbox"/> Stocking <input type="checkbox"/> Twisted Cord <input type="checkbox"/> Self Welt <input type="checkbox"/> Loop to Hang <input type="checkbox"/> Tassels <input type="checkbox"/> Bells <input type="checkbox"/> Knife Edge <input type="checkbox"/> Box Edge <input type="checkbox"/> Other	<input type="checkbox"/> Free Standing <input type="checkbox"/> Knife Edge <input type="checkbox"/> Box Edge <input type="checkbox"/> Weighted <input type="checkbox"/> Other	<input type="checkbox"/> Other <input type="checkbox"/> Candy Bag <input type="checkbox"/> Purse <input type="checkbox"/> Brickcover <input type="checkbox"/> Eyeglass Case <input type="checkbox"/> Tallis Bag <input type="checkbox"/> Door Hanger
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Fabric

Book No. _____ Pattern No.'s _____ Color _____

Other Notes on Fabric

Other Special Instructions

_____ Monogram

Style _____

_____ Box _____ Script _____ All

CUSTOMER INITIAL FOR APPROVAL _____

Form Completed By _____

Finisher _____

Date In _____

Date Sent _____