



LCT REMNANT FORM

PLEASE STAPLE A FORM TO EACH REMNANT YOU ARE RETURNING

Date: _____ DESIGNER/ CLIENT: _____
DO YOU HAVE AN ESTIMATE YET? NO YES If yes, est #: _____

REMNANT NAME/ STYLE/COLOR: _____

QTY PILLOWS DESIRED OUT OF REMNANT: _____

DESIRED PILLOW SIZE & STYLE: _____

PLEASE ATTACH A SMALL CUTTING OUT OF THE CORRECT SIDE OF THE FABRIC
ATTACHED TO THIS FORM IN THIS BOX



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