World of Isabella Inc Order Form

Tel: (631) 581-1010 Fax: (631) 581-1110 Today's Date: Date Needed: Company Name: Customer Name: Customer Address: Phone Number: _____ Fax Number: ____ E-mail: Damage Waiver: Catalog/Item # Signature: Page Job Board & Worksheet_____ Description Order Form: Color Showroom Invoice Size Customer Invoice: Quantity Form Completed: Catalog/Item # I am a customer of World of Isabella Inc. Page and I have opted to bring in my own items (property) Description to be embroidered on by the aforementioned Color company. I understand that there is a small chance that something could happen in the embroidery Size process to cause damage to my property. Should there Quantity be damage, I will not hold World of Isabella Inc. responsible for said damages. Catalog/Item # Signature: Page Description Color Size Quantity Item:____ Item: Item:____ Emb. Location:_____ Emb. Location:____ Emb. Location: Thread Color: Thread Color: Thread Color: Embroidery Description: Embroidery Description: Embroidery Description: I agree to the above order and verify that the thread colors and items are correct and World of Isabella Inc. has my authorization to proceed with the order as discussed on this document. I guarantee payment upon receipt of my order by

Signature:_______Date:_____

either a check or cash.