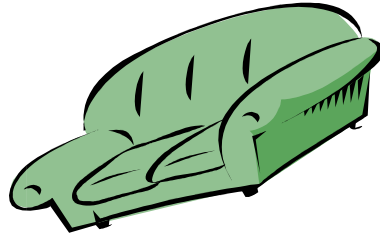


# UPHOLSTERY REQUEST FORM



## PERSONAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

## ITEM DETAILS

Photo and description of item (include special instructions)

Photo: *for email customers, please attach pictures via email*

Type of material: \_\_\_ *Leather* \_\_\_ *Vinyl* \_\_\_ *Fabric* \_\_\_ *Plastic*

Services Needed on: \_\_\_ *Auto/Truck* \_\_\_ *Residential Furniture*

\_\_\_ *Office/commercial Furniture* \_\_\_ *RV* \_\_\_ *Boat* \_\_\_ *Other*

Description of upholstered item:

*Please include any and all information related to the item*

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## TO BE COMPLETED BETWEEN CUSTOMER AND UPHOLSTERY STAFF:

*FOR EMAIL CUSTOMERS, YARDAGE INFORMATION WILL BE PROVIDED UPON RECEIPT OF PHOTOS*

Yardage needed of material: \_\_\_\_\_

Yardage needed of other materials (if applicable): \_\_\_\_\_

# UPHOLSTERY REQUEST FORM

## LABOR/SUPPLIES

Supplies needed to complete job and customer cost (will be provided by upholstery staff but reimbursed by customer)

<i>Supplies</i>	<i>Cost</i>
_____	_____
_____	_____
_____	_____

Total Supplies Cost: \_\_\_\_\_

<i>Total Labor Hours</i>	<i>Per Hour</i>	<i>Cost</i>
_____	_____	_____

Total Labor Cost: \_\_\_\_\_

## TOTAL COST AND EXPECTED COMPLETION DATE

Cost: \_\_\_\_\_

Projected Start Date: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

\_\_\_\_\_  
Customer Name (print)                      Signature                      Date

*Please note that these dates for start and completion are projected. This is a training class, and as such, you understand that the training needs of our youth are our priority. You further agree to indemnify, defend and hold harmless MAYS, its affiliates, and their officers, directors, employees, agents, licensors and suppliers, from and against any and all losses, expenses, damages and costs (including reasonable attorneys' fees) resulting from the use of the aforementioned services.*

## *Internal use only:*

Date Form Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Receipt Date: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

*If form will be mailed to facility, address to Evelyn Molina at 701 Sathers Drive, Pittston Twp, PA 18640.*