

Please complete the following information and submit it to your sales representative, or email this form to **pillows@scalamandre.com**. You can fill out this form as an interactive PDF and email your saved file, or print, take a photo and send it via email. Our team will review the order details and we'll get a quote over to you.

Account Number	TRADE ACCOUNT REQUIRED. Visit scalamandre.com/register to apply for an account.						
Your Name							
Your Email	Your Phone						
Shipping Address							
Shipping City				State		Zip	
1. QUANTITY	(Please use one form per customized pillow configuration.)						
2. SIZE / SHAPE	20" x 20"	22" x 22"	24" x 24"	Lumbar 14"H x 22"W	Bolster	7"D x 21"W	Sphere 12"D
	Custom Size	Height:	" x W	idth: "			
3. FABRIC FRONT	Please use our v	vebsite, www	v.scalamandre	.com or visit your loca	l showroom f	or fabric select	ion.
	Front Pattern Name			Colorway Name		SKU Number	
BACK							
	Back Pattern Name Back fabric selection does not apply to bolster			Colorway Name r spheres.		SKU Number	
4. EDGE TYPE	Knife Edge	Self Welt	II	Contrast Welt	п	Cord / Trim	
	Contrast Welt / Trim Pattern Name			Contrast Welt / Trim Colorway Name		SKU Number	
	Flange	Box Pleat	Ruffle	Turkish Corner			
5. FILL	90% Feather / 10% Down Outdoor Polyester Case Only / No Insert						

6. SPECIAL INSTRUCTIONS If your fabric requires motif or tape placement on the face, please make a note and our team will confirm.

Order Date

Sales Representative (IF KNOWN)

Send completed form to pillows@scalamandre.com. Additional forms can be downloaded at www.scalamandre.com/custompillow.