

Account #	P.O. #	Customer Name:	Designer:	Ordered by:
Order Date:		Confirmation requested: Y or N	<i>cmi</i> reference #	Page (s)
				___ of ___

S O L I D T O	Dealer:			S H I P T O	Dealer:		
	Address:				Address:		
	City:	State:	Zip:		City:	State:	Zip:
Tel.:	Fax:	E-Mail:	Tel.:	Fax:	E-Mail:		

Information must be provided in each blank to process this order.

COLORS: (# and Name)
 A = _____
 Serging is same color as A.

SIZE: _____

QUANTITY: _____



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SIZES:	2' x 3'	7' x 9'	4' square/octagon	2' x 4' runner	9" x 9" square trivet
	3' x 5'	8' x 11'	6' square/octagon	2' x 6' runner	15" x 15" square chair pad
	4' x 6'	10' x 13"	8' square/octagon	2' x 8' runner	8" x 28" stair tread
	5' x 8'	12' x 15'	10' square/octagon	2' x 10' runner	23" x 40" rug slice
			12' square/octagon	2' x 12' runner	18" x 18" x 12" basket

– please fax order to *cmi* at 401.728.2740 –