

By Joy It's Quilted

25 Hay Street, Cohuna, Victoria 3568

Phone: 0354562120 or 0488567914

www.byjoyitsquilted.com

Quilting Order Form

Customer Details:

Name.....

Address.....City.....

StatePostcode.....

Phone - Home (.....).....Mobile.....Email.....

Quilt Details: Name of Quilt.....

Requests.....

Size of Quilt (inches, measure centre).....

Preferred Quilting Style: Please tick (refer to Machine Quilting Prices for more Information)

- | | |
|---|---|
| <input type="checkbox"/> Edge to Edge | <input type="checkbox"/> Edge to Edge Plus |
| <input type="checkbox"/> Simple Quilting | <input type="checkbox"/> Custom Quilting |
| <input type="checkbox"/> Stipple | <input type="checkbox"/> Other |

Wadding - Supplied by Customer **Yes** **No – Please choose 1 of the following**

<input type="checkbox"/> Matilda's Own (60/40) 3.1m wide	<input type="checkbox"/> O-Sew-Soft 100% Polyester 2.4m wide
	<input type="checkbox"/> Mini Jumbuck (60/40) 2.4m Wide

Binding: Is this service required? **Yes** **No**

Please note: Make a copy of this completed form to keep for your own records and enclose the original with the quilt.

I hereby authorize work on my quilt as described above. Confirmation will be sent & agreed upon before work begins. I understand that I am financially responsible for timely payments of this service and materials used. By Joy It's Quilted is not responsible for any loss or damage to quilts or other materials from causes which are beyond its control. I also agree to the quilt being photographed for record keeping & promotional purposes, which includes advertising & on the web site of By Joy It's Quilted (www.byjoyitsquilted.com) ALSO If I show my quilts, I will acknowledge "By Joy It's Quilted" as the Quilter.
CUSTOMER
SIGNATURE.....DATE.....

Office Use Only

Date
received..... **Date Confirmed**..... **By Phone or email**.....
Invoice Number.....