



CUSTOMER'S OWN MATERIAL (COM) LOG

Please return completed form to New England Seating

All COM must be received by New England Seating before completion date can be provided

* ALL COM MUST MEET CAL 117-2013 FIRE CODE REQUIREMENTS *

Date _____
 Project Name/ Location _____
 NES Project Number _____
 Company Name _____
 Contact _____

COM 1	Yardage	Order Date	Ship Date
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Mill / Fabric House _____
 Pattern Name _____
 Pattern Color _____
 Pattern / Color Number _____
 Pattern Direction **check one** None _____ Veritical _____ Horizontal _____
 COM 1 Usage _____

List Booth Size & Quantity

COM 1 Location **check** Seat _____ Inside Back _____ Outside Back _____
 End Panels _____ Sub Base _____ Other _____

Comments

COM 2	Yardage	Order Date	Ship Date
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Mill / Fabric House _____
 Pattern Name _____
 Pattern Color _____
 Pattern / Color Number _____
 Pattern Direction **check one** None _____ Veritical _____ Horizontal _____
 COM 2 Usage _____

List Booth Size & Quantity

COM 2 Location **check** Seat _____ Inside Back _____ Outside Back _____
 End Panels _____ Sub Base _____ Other _____

Comments

COM 3	Yardage	Order Date	Ship Date
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Mill / Fabric House _____
 Pattern Name _____
 Pattern Color _____
 Pattern / Color Number _____
 Pattern Direction **check one** None _____ Veritical _____ Horizontal _____
 COM 3 Usage _____

List Booth Size & Quantity

COM 3 Location **check** Seat _____ Inside Back _____ Outside Back _____
 End Panels _____ Sub Base _____ Other _____

Comments