D.V. KAP
JEWELS OF DESIGN

FABRIC SWATCH REQUEST

Requester's Contact Info:

NAME		PHONE NO.	
COMPANY		DATE REQUESTED	

	STYLE NO	STYLE NAME	STYLE COLOR
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NOTES	SHIP TO ADDRESS	
	COMPANY NAME:	
	ATTN:	
	ADDRESS:	