



June Tailor, Inc.

June Tailor, Inc.
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Pricing Guide and Yardage Calculation Chart available at www.jtailordesignsolutions.com

4 - Shaped Top Treatments - Using June Tailor® Fabrics or COM (Customer's Own Material)

Determine treatment width: Use measuring instructions to determine treatment width, and record below:
 _____ inches

Choose mount option:	Determine size of return:	Type of lining:
	3.5", 6" and 8" returns are available (Board-mount only)	
	Board Mount _____ 1.5" Rod Pocket _____	3.5" _____ 6" _____ 8" _____

Determine type of treatment:		
Sheffield _____	Inverted Box Pleat _____	Mock Roman Shade _____
Scarf _____	Wyndemere _____	Stagecoach _____
Pennant _____	Modified Balloon _____	Grommet Valance _____
Handkerchief _____	Swag/Cascade Grouping _____	Kingston _____
Kelsey _____	Capri _____	

Please refer to line drawings to make your selection.

Determine June Tailor® fabric(s) to be used.

Primary Fabric: _____ Choose primary fabric for treatment
 Contrast Fabric: _____ Choose fabric for contrast banding or lining

COM Yardage Requirements:
 Fabric requirements vary from treatment to treatment. Please use the yardage calculation chart to determine the necessary fabric requirement.

Is the fabric a solid or pattern? If pattern, please describe fabric below:		If a contrasting fabric is desired, and the fabric has a pattern; please describe fabric below:	
Describe print for primary fabric		Describe print for contrast fabric	
Vertical Repeat	Horizontal Repeat	Vertical Repeat	Horizontal Repeat
Fabric Width	Fabric Content	Fabric Width	Fabric Content

Number of treatments with above specifications: _____
 (If multiple treatments are ordered with different fabrics, widths, or return specifications, please use additional forms.)
 Board mounted treatments are secured with velcro and ship along with interlocking boards.

Pricing: Use pricing guide to calculate treatment cost
Additional charges apply for 6" and 8" returns, June Tailor lining with Customer's Own Material, and treatments 15' or longer (See pricing guide)

Treatment Cost	_____
Processing Fee (per treatment)	\$10.40
Total Price	_____

SIDEMARK: _____

Pricing does not include freight; FOB Richfield, WI

MC/Visa: _____ V-Code: _____ Expiration Date: _____

Billing Address (Must match credit card address)

Phone: _____
 Fax: _____
 e-mail: _____

Shipping Address (If different from billing address)

Ship Via: _____
 Tax ID# _____

Have you ordered multiple treatments that should be shipped together? Yes No

Must complete all highlighted items for order to be processed.

 Name of person placing order - Please print

November 1, 2008