



5000 Paschall Avenue • Philadelphia, PA 19143
610-622-7211 • FAX 610-284-4323

Order Name/No. _____
 Date _____

2015

**Repair
 Order Blank**

FOR OFFICE USE ONLY

REPA / REPNA

Sold To _____
 Address _____
 Address _____
 City, St, Zip _____
 Phone _____ Contact _____

Ship To _____
 Address _____
 Address _____
 City, St, Zip _____

Mfr Date _____
 Ship Date _____
 ___ OC
 ___ FC
 ___ GC
 ___ Yds
 ___ Other

Ship By (check one)		Payment by	
___ Will Call	___ UPS	___ Truck	___ Del'y.
		___ COD	___ Std.

Sub-Total _____
 Disc _____
 ___ Frt. Free Frt _____
TOTAL _____

Fabric Name & No. _____
 Product Code/Descrip. _____
 Qty _____

Made by Globe ___ Yes (Inv/Date _____)
 ___ No (specify mfr: _____)
 Alteration/Correction ___ Yes ___ No

Select from list below or otherwise describe work to be done:

- ___ Re-Stitch
- ___ Re-Stitch and Repair
- ___ Replace binding
- ___ Other (describe below):

DO NOT WRITE IN THIS SPACE

Materials Required

Labor (time)

Other

Fabric _____
 Frame _____
 Other _____

Cut _____
 Sew _____
 Frame _____
 Inspect _____
 Other _____

CAD files changed: ___ Yes ___ No