



Johnson Furniture Manufacturing Company, Inc.
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QUOTE REQUEST FORM

BENCH PROPOSAL REQUEST

Please fax completed form to 843-365-1785

CUSTOMER NAME: _____ CONTACT: _____

ADDRESS: _____

CITY / STATE / ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

PROJECT SIDEMARK: _____

ESTIMATED DELIVERY DATE: _____

PROJECT SPECIFICATIONS

BENCH WIDTH _____ BENCH DEPTH _____ BENCH HEIGHT _____

SPECIAL INSTRUCTIONS _____

QUANTITY NEEDED _____ PROJECT DESTINATION _____

SPECIAL REQUIREMENTS _____

Please sketch any special instructions or designs of your bench

YARDAGE REQUIREMENTS

FABRIC WIDTH _____ VERTICAL REPEAT _____ HORIZONTAL _____

PATTERN TO BE SEAMED _____ OR RAILROADED _____

SPECIAL INSTRUCTIONS _____

**MANUFACTURERS
OF COMMERCIAL
UPHOLSTERY SINCE
1947**