



Johnson Furniture Manufacturing Company, Inc.
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QUOTE REQUEST FORM

UPHOLSTERY PROPOSAL REQUEST

Please fax completed form to 843-626-2579

CUSTOMER NAME: _____ CONTACT: _____

ADDRESS: _____

CITY / STATE / ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

PROJECT SIDEMARK: _____

ESTIMATED DELIVERY DATE: _____

PROJECT SPECIFICATIONS

CIRCLE A MODEL - 210 289 300 450 800 810 820 900 1200 6212 8940

CIRCLE A STYLE - LOVESEAT LOVESEAT SLEEPER FULL SOFA FULL SLEEPER
QUEEN SOFA QUEEN SLEEPER CHAIR

SPECIAL INSTRUCTIONS _____

QUANTITY NEEDED _____ PROJECT DESTINATION _____

SPECIAL REQUIREMENTS _____

YARDAGE REQUIREMENTS

INDICATE PATTERN NAME IF USING FEATURED SELECTION _____

FABRIC WIDTH _____ VERTICAL REPEAT _____ HORIZONTAL _____

PATTERN TO BE SEAMED _____ OR RAILROADED _____

SPECIAL INSTRUCTIONS _____

**MANUFACTURERS
OF COMMERCIAL
UPHOLSTERY SINCE
1947**