## **Brodie Upholstery**

P.O. Box 1201 · Puyallup, WA 98371 Contact Phone: (888) 531-0488

## **Fitness WORK ORDER**

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Cu	stomer:				Date:						
Address:					Please return email or fax to:		,	Written By:			
Phone:				service@brodieupholstery.com		Requested By:					
Email:					or FAX: (888) 445-9878		Direct Phone:				
		NOTE: Brodi	e Upholstery allo	ts a specific amount of time	& material for each job depending on the amount of work indicated by the Work Order.					der.	
		*Please separate	the equipment by ite	em, manufacturer, room, or floor in	n the building when possible.*			Enter <u>quantity</u> of item (s) needed:			
	# or Letter			EQUIPMENT NAME (Leg Curl, Decline bench, Arm Curl, etc)	TYPE OF PAD  (Arm pad, Seat pad, Back pad, Thigh pad, Shoulder pad, etc)	SLIP Cover	Full PAD	Web Guard	<u>Refoam</u>	Vinyl COLOR	
1						#	#	#	#		
2						#	#	#	#		
3						#	#	#	#		
4						#	#	#	#		
5						#	#	#	#		
6						#	#	#	#		
7						#	#	#	#		
8						#	#	#	#		
9						#	#	#	#		
10						#	#	#	#		
11						#	#	#	#		
12						#	#	#	#		
13						#	#	#	#		
14						#	#	#	#		
	Is this a COLOR CHANGE? Yes No										