

Customer:

Date:

Address:

Please return email or fax to:

Written By:

Phone:

[service@brodieupholstery.com](mailto:service@brodieupholstery.com)

Requested By:

Email:

or FAX: (888) 445-9878

Direct Phone:

**NOTE: Brodie Upholstery allots a specific amount of time & material for each job depending on the amount of work indicated by the Work Order.**

\*Please separate the equipment by item, manufacturer, room, or floor in the building when possible.\*

Enter **quantity** of item (s) needed:

# or Letter	MANUFACTURER <i>(Life Fitness, Hammer Strength, etc)</i>	EQUIPMENT NAME <i>(Leg Curl, Decline bench, Arm Curl, etc)</i>	TYPE OF PAD <i>(Arm pad, Seat pad, Back pad, Thigh pad, Shoulder pad, etc)</i>	Full Pad	SLIP Cover	Web Guard	Refoam	Vinyl COLOR
1				#	#	#	#	
2				#	#	#	#	
3				#	#	#	#	
4				#	#	#	#	
5				#	#	#	#	
6				#	#	#	#	
7				#	#	#	#	
8				#	#	#	#	
9				#	#	#	#	
10				#	#	#	#	
11				#	#	#	#	
12				#	#	#	#	
13				#	#	#	#	
14				#	#	#	#	

Is this a COLOR CHANGE? Yes No