

# Fabric Approval



Sales Rep \_\_\_\_\_

Dealer (if known) \_\_\_\_\_

Anticipated P.O. Date (if known) \_\_\_\_\_

Date \_\_\_\_\_

Project Name \_\_\_\_\_

Design Firm \_\_\_\_\_

Leland Product(s) to be Tested \_\_\_\_\_

Fabric Vendor \_\_\_\_\_

Pattern Name \_\_\_\_\_

Color Name \_\_\_\_\_

Additional Comments \_\_\_\_\_



## Contact Information (person Leland should contact)

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Submit memo sample and this completed form to:

Leland International  
Attn. Customer Experience  
5695 Eagle Drive SE  
Grand Rapids, MI 49512

To be filled out by Leland International:

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Tested By \_\_\_\_\_

Approved? Yes or No

Comments \_\_\_\_\_

Date of Rep/Customer Notification \_\_\_\_\_

Notified By \_\_\_\_\_