



1768 Park View Lane
Eagle Mountain, Utah 84005

ph: (801) 404-1392
fax: (801) 789-2762
email: info@eaglemountainquilting.com

WORK ORDER

A new work order must be submitted for every quilt.

CUSTOMER:

Full Name: _____

Address: _____

E-mail: _____

Phone (#1): _____ Phone (#2): _____

Name of Quilt: _____

Type of Quilt: _____

Accepted: _____ Promised: _____

QUILTING:

Quilt Top: _____ X _____ Backing: _____ X _____

Thread Color: _____

Design Choice: _____

(Designer)

(Pattern Name)

(Type of Quilting)

BATTING:

of inches: _____ [80/20] [100% Cotton] [Wool]

(Select your choice) [Tuscany Silk] [80/20 King] [Linda's Choice] [Supplied]

EXTRA CHARGES:

Quilt Tote *(1st Time Customer Fee)*:

Center Back?: _____ ***There may be an extra charge:*

Binding: _____ Sew Backing?: _____

ADD SERVICE TAXED:

Discount: _____ (Type of Discount): _____

SPECIAL NOTES: