



Horizons Soft Treatments  
**Yards of Material Only**

Date: \_\_\_\_\_

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Sidemark:	Sold To:	Ship To:
P.O. Number:	Address:	Address:
Ordered By:	City/State/Zip:	City/State/Zip:
	Phone: _____ Fax: _____	

Line	Number of Yards	Fabric	Color
1			
2			
3			
4			

Line	Number of Yards	Fabric	Color
5			
6			
7			
8			

Notes: