

PANEL C.O.M REQUEST FOR APPLICATION TEST

SEND COMPLETED FORM AND FABRIC TO:

Evolve Furniture Group
555 Petrolia Road, Unit 2
Toronto, Ontario M3J2X8
Attn: Nahum Schneider

Requested By: _____

Phone #: _____ Fax #: _____

Project Name _____ Dealer/Specifier _____

Dealer Contact: _____ Evolve CSR: _____

Phone #: _____ Fax #: _____

FABRIC INFORMATION

Fabric Manufacturer: _____

Color Name: _____ Color #: _____

Pattern Name: _____ Pattern #: _____

Content: _____

Weight: _____ Width: _____

Repeat Horizontal: _____ Repeat Vertical: _____

Other Comments: _____

REQUEST FOR APPLICATION TEST (THIS REQUIRES 1 YARDS OF FABRIC)

_____ Evolve Panel _____ Evolve Tackboard

Total Number of yards for testing: _____

Please Note:

Evolve is not responsible for the duty and brokerage fees for C.O.M. Fabric to clear customs. These charges will be billed to the dealer on a separate invoice.

PANEL FABRIC SPECIFICATION SHEET

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Attn: Nahum Schneider

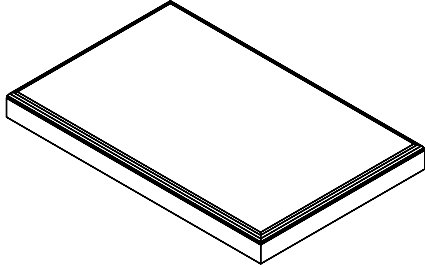
SUPPLIER PATTERN WIDTH CONTENT	REMARKS: <hr/> <hr/> <hr/> <hr/>	
LIGHT FASTNESS FLAMMABILITY TUNNER TEST	REMARKS: <hr/> <hr/> <hr/> <hr/>	
CUT PRICE 1 - 3 ROLLS 4 ROLLS	REMARKS: <hr/> <hr/> <hr/> <hr/>	
DIRECTIONAL PANELS CORNERS RACEWAY COVER RACEWAY CORNERS STRETCH	REMARKS: <hr/> <hr/> <hr/> <hr/>	EASY HARD X-HARD
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> CONDITIONAL APPROVAL <input type="checkbox"/>		
REMARKS: <hr/> <hr/> <hr/>		
<p>* This fabric is approved for upholster-ability only. The approval does not account for the durability of the fabric at the time of, and after installation of the product</p>		
SIGNATURE: _____ PRINT NAME: _____ DATE: _____		



C.O.M AUTHORIZATION FORM FOR EVOLVE PEDESTAL AND LATERAL CUSHIONS

CUSTOMER INFORMATION

To be completed by the dealer/design firm. Use one form per textile. Incomplete information may delay or prevent approval.

A+D/Dealer/Company Name:		Contact:	Date:
Billing Address:		Phone:	
City:	State:	Zip:	Fax:
End-User/Project Name:		End-User/Project Registered?	YES NO If YES, The Evolve Quote#:
TEXTILE APPLICATION INFORMATION			
MODEL NUMBER	QUANTITY	SPECIAL INSTRUCTIONS	
Textile Name (Series/Style #):			
Textile Color Name and Description:			
Country of Origin:			
Mill or Manufacturer's Name:			
Textile Content (% Cotton, % Poly, % Wool, etc.):			
Textile Width:	Pattern Repeat:	VERTICAL HORIZONTAL	Rail Roaded? YES NO
TEXTILE DIRECTION		NEW TEXTILE Attached textile sample (Minimum 5"x 5" Max 12"x 12") In correct DIRECTION and SIDE.	PREVIOUSLY APPROVED TEXTILE Fax completed form to: 856.596.5684
		MAIL FORM AND TEXTILE SAMPLE ONLY TO: GLOBAL - COM Department 17 West Stow Road Marlton, NJ 08053 856.596.3390	
		Please contact your local EVOLVE CustomeCare representative for status of all COM requests. When textile is approved and an authorization number issued, a set of shipping instructions will be faxed or e-mailed to you.	
		Approved textiles are to be shipped to the address that will be included with instructions. Do not ship textiles to the address on this form. Dealer is responsible for the shipping expenses. Brokerage fees will be paid for by Global. However, duties imposed by North American Governments related to textile materials, content and Country of Origin, additional fees may apply and will be billed separately.	
STAPLE FABRIC TO THIS FORM IN THE DIRECTION IN WHICH THE FABRIC IS TO BE UPHOLSTERED WITH THE LEFT SIDE OF THIS PAGE BEING THE SAME LEFT AS THE CUSHION.		Please Note: C.O.M Textiles may not be shipped without shipping documents. GLOBAL is not responsible for any material shipped without the authorization number.	
		Please be advised that Global has phased out the use of textiles that contain certain Phthalates, including but not limited to: DEHP (di (2-ethylhexyl) phthalate), DBP (di-n-butyl phthalate), BBP (butyl benzyl phthalate) and DINP (di-isononyl phthalate) (collectively the "Listed Chemiclas"). The Listed Chemicals are used in certain types of vinyls. Global cannot accept orders for textiles that contain the Listed Chemicals, if such orders are to be shipped to the U.S.A. or are intended for customer in the U.S.A. If you are not sure if the C.O.M you have selected contains the Listed Chemicals, please contact the manufacturer or supplier of the fabric to verify.	
EVOLVE AUTHORIZATION FORM (TO BE COMPLETED BY CUSTOMERCARE REP.)			
CAN#:	TEXTILE YARDAGE (REQUIRED FOR THE ORDER):		GU CODE:
SIGNATURE: _____	PRINT NAME: _____		DATE: _____

