

# Fabric Approval

LELAND

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 \_\_\_\_\_