



June Tailor, Inc.

June Tailor, Inc.
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Pricing Guide and Yardage Calculation Chart available at www.jtailordesignsolutions.com

4 - Shaped Top Treatments - Using June Tailor® Fabrics or COM (Customer's Own Material)

Determine treatment width: Use measuring instructions to determine treatment width, and record below:
_____ inches

Choose mount option: Board Mount _____ 1.5" Rod Pocket _____
Determine size of return: 3.5", 6" and 8" returns are available (Board-mount only)
3.5" _____ 6" _____ 8" _____
Type of lining: Self-Lined _____ Contrast Lining _____ June Tailor standard lining _____

Determine type of treatment: Sheffield _____ Scarf _____ Pennant _____ Handkerchief _____ Kelsey _____
Inverted Box Pleat _____ Wyndemere _____ Modified Balloon _____ Swag/Cascade Grouping _____ Capri _____
Mock Roman Shade _____ Stagecoach _____ Grommet Valance _____ Kingston _____
Please refer to line drawings to make your selection.

Determine June Tailor® fabric(s) to be used.
Primary Fabric: _____ Choose primary fabric for treatment
Contrast Fabric: _____ Choose fabric for contrast banding or lining

COM Yardage Requirements:
Fabric requirements vary from treatment to treatment. Please use the yardage calculation chart to determine the necessary fabric requirement.

Table with 4 columns: Is the fabric a solid or pattern? If pattern, please describe fabric below; Describe print for primary fabric; Describe print for contrast fabric; Vertical Repeat; Horizontal Repeat; Fabric Width; Fabric Content.

Number of treatments with above specifications: _____
(If multiple treatments are ordered with different fabrics, widths, or return specifications, please use additional forms.)
Board mounted treatments are secured with velcro and ship along with interlocking boards.

Pricing: Use pricing guide to calculate treatment cost
Additional charges apply for 6" and 8" returns, June Tailor lining with Customer's Own Material, and treatments 15' or longer (See pricing guide)
Treatment Cost _____
Processing Fee (per treatment) \$10.40
Total Price _____

SIDEMARK: _____
Pricing does not include freight; FOB Richfield, WI
MC/Visa: _____ V-Code: _____ Expiration Date: _____

Billing Address (Must match credit card address)

Shipping Address (If different from billing address)

Phone: _____
Fax: _____
e-mail: _____

Ship Via: _____
Tax ID# _____

Have you ordered multiple treatments that should be shipped together? Yes No
Must complete all highlighted items for order to be processed.
Name of person placing order - Please print _____
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