champion

augustine, invernesss & verō TWO-COLOR CUSTOMIZATION FORM

KEY	CHAIR MAP	DATE —	
A = Back B = Seat C = Leg + Foot Rest D = Arms E = Armrest Covers (*Optional) E = Head Rest Cover (*Optional) E = Pillow (*Optional) E = Back D = Arms E = Armrest Covers (*Optional) E = Pillow (*Optional)	A E D	SELECT TWO COLORS Color 1 Color 2 SPECIFY VINYL PLACEMENT	
		SECTION	VINYL COLOR
		A (Back)	
		B (Seat)	
		C (Leg/Foot Rest)	
		D (Arms)	
		E (*Armrest Cover)	
		F (*Head Rest Cover)	
		G (*Pillow)	
		* E, F & G are optional - additional fees apply *** E Armrest Cover not available with Urethane Arms	
		CUSTOMER INFORMATION	
		Requested By	
		Company	
		TO BE COMPLETED UPON ORDER	
		I approve the above color selections. I understand this is a custom order and cannot be cancelled or returned outside of warranty claims.	
		Approver's Name	
ITERNAL USE ONLY		Approver's Signature	
lles Order #		PO #	
ıll Model #		Date Approved	

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