

Pixiedust Quilting

Longarm Quilting Order Sheet

Name _____ *Date Notified* _____
 Phone Number _____ *Date recieved* _____
 Email Address _____ *Target Date* _____
 Address _____ *Hard Deadline* _____

Quilt Information

Title _____ *Who is it for?* _____
 Width (inches) _____ Length (inches) _____ Square Inches _____

Batting	
Provided	_____
80/20 Blend	_____
100% Cotton	_____
Wool	_____
Dream Puff	_____
Orient	_____

Thread
Quilter's Choice
Specify Color

Quilting			
Density	Low	Med	High
Panto			

Backing
Provided sewn
PDQ sewn

Trim Quilt	Yes	No
Return Scraps	Yes	No

Pieced boarder stable _____
 Square up _____
 Repair _____
 Photographed to: _____

Binding		
Prepare	.10 per inch	_____
Attached to front	.10 per inch	_____
Machine finish	.20 per inch	_____
Hand finish	.40 per inch	_____

Notes _____

Estimated Charges

Quilting _____
 Backing _____
 Batting _____
 Binding _____
 Repairs _____
 Other _____
 Sales Tax _____
Total \$ _____