

UPHOLSTERY APPROVAL FORM

DATE:	
NAME (CUSTOMER / DESIGNER / PURCHASE AGENT):	
ISA SALES REPRESENTATIVE:	
PROJECT REFERENCE:	
CUSTOMER PO (IF AVAILABLE):	
ISA ORDER NUMBER (IF AVAILABLE):	
ISA ITEM (MATERIAL WILL BE APPLIED ON):	
<u>Material Details:</u>	
MANUFACTURER NAME:	
UPHOLSTERY CODE (PATTERN / COLOUR):	
CUSTOMER COMMENTS:	
	olstery for the project (e.g. if a backing will be applied to the should have the same backing.) Please DO NOT purchase
EOD I	ICA LICE ONLY
FOR ISA USE ONLY	
APPROVAL STATUS: Approved	Denied
NAME:	DATE:
46 Dufflaw Road Toronto ON M6A 2W1 416-782-91	100 1-800-881-3928 www.havaseat.com isa@havaseat.com