

** CUTTING ORDER **

Customer: _____
 Style #: _____
 Lot #: _____
 Pattern #: _____
 PO #: _____

 Total units: _____
 Description: _____

 Self fabric: _____

Issue date: _____
 Due Date: _____
 Fusing: YES NO
 Assorting: YES NO
 Outgoods: YES NO
 Pull-outs: YES NO
 Special Labor: YES NO
 Ship Cut Work To: _____

 Ship Via: _____

FABRIC MILL	STYLE #	COLOR	COLOR #	SIZES										Total			

* Please Indicate FACE of fabrics *

SELF Color	Est Ydg/ Un	Est Tot Ydg	COMBO #1		Est Ydg/ Un	Est Tot Ydg	COMBO #2		Est Ydg/ Un	Est Tot Ydg
			Style	Color			Style	Color		

Outgoods:

Special Instructions:

Spread Method		
Self	Combo #1	Combo #2
<input type="checkbox"/> Face to Face	<input type="checkbox"/> Face to Face	<input type="checkbox"/> Face to Face
<input type="checkbox"/> Face Up-One Way	<input type="checkbox"/> Face Up-One Way	<input type="checkbox"/> Face Up-One Way
<input type="checkbox"/> Rip & Pin	<input type="checkbox"/> Rip & Pin	<input type="checkbox"/> Rip & Pin
<input type="checkbox"/> 2-Way Match	<input type="checkbox"/> 2-Way Match	<input type="checkbox"/> 2-Way Match
<input type="checkbox"/> 4-Way Match	<input type="checkbox"/> 4-Way Match	<input type="checkbox"/> 4-Way Match
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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