

ROCK THE NEEDLE

QUILT COMPANY

www.RockTheNeedle.com

Intake Date: _____

Date Needed: _____

Rush? (circle one) Yes No

Quilt Measurements: Width: _____ Length: _____

PERSONAL INFORMATION

Name _____

Address _____

Phone Number _____

Email Address _____

New Customer? Yes No Referred by : _____

E2E Pattern(s) _____

Thread Color _____ Trim Quilt? Yes _____ No

Quilter's Dream Batting: (circle one) Cotton (Natural) Cotton (White)
 Wool 80/20 (Natural) 80/20 (White) Customer Provided

Backing Fabric: (circle one) Needed _____ Customer Provided

Machine Binding: (circle one) Yes No ___ One Side ___ Both Sides

Binding Strips: (circle one) Needed Customer Provided

Additional Services: _____

Checklist:
 _____ Backing/Batting 10in Longer and Wider than top _____ Top/Backing Squared
 _____ Top/Backing Ironed _____ Threads Clipped _____ No Embellishments
 _____ Stay Stitch _____ Top of Front and Top of Back Labeled

Payment is due in full when quilt is picked up or prior to shipping. Payment portal will be emailed to the address listed above. Photographs of the quilt may be used in promotions or on social media.

Signature: _____ Date _____