



OMBRE BORDER | DIMENSIONS & APPROVAL FORM

COLOURWAY REF _____

TOTAL DROPS REQUIRED _____

TOTAL DROP LENGTH _____

APPROVED

I have reviewed the measurements and sample of this border and approve it for production.

Signed _____ Dated _____

Please clearly indicate the face of the fabric to be used, as only one side of the fabric will be inspected.
Vero Fabrics accepts no responsibility for any incorrect measurements supplied.

