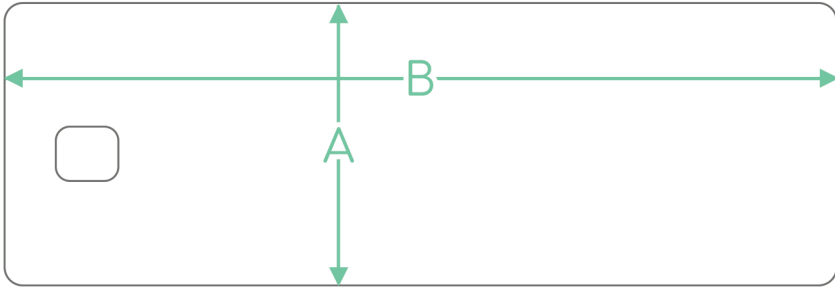




New Upholstery Contact Form

Please include as much information as possible to ensure our quote is accurate and that we provide the correct service for your needs.

Dimension Key:



One Section New Upholstery

Name:

Company Name:

Email:

Telephone Number:

Address:

One section couch

Manufacturer:

Serial Number:

Breathing hole? Y/N:

Couch Colour:

Please state here if colour matching is required

A: Width of couch (cm):

B: Length of couch (cm):

Please provide any further information that we may need to know:

Please complete the above form and return to info@medspares.co.uk
Please include an attached image of the damaged upholstery where possible to ensure we provide an accurate service.

