Email or fax back to Glennis@Brodie Enterprises.com / Fax: 253-445-9878

BRODIE UPHOLSTERY WORK ORDER

Brodie Enterprises, Inc. PO Box 1201 Puyallup, WA 98371 ▪ **253-531-0488**

Client: Date:

Address: Written by:

Please separate the equipment by manufacturer, rooms, or floors in the building if possible. Note that Brodie allots a specific amount of time and material for each job depending on the amount of work indicated by this Work Order.

Enter quantity of item (s) needed:

# or Letter (if equipment is labeled)	**Manufacturer** (Life Fitness, Hammer Strength, etc.)	**Machine name** (Leg Curl, Decline, Arm Curl, etc.)	**Type of pad(s)** ie: Arm pad, Seat pad, Back pad, Thigh pad, ect.	**Slip cover** is worn or missing	**Full pad** needs new vinyl	**Web Guard** around perimeter	**Refoam-Replace** (foam worn or flat)	**Vinyl Color**

Is this a color change? Yes No