

## COM Identification Request:

Date: \_\_\_\_\_  
Customer: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Cox Ack#: \_\_\_\_\_

Cox Phone: 828-397-4123  
Cox Fax: 828-397-4163

Telephone: \_\_\_\_\_  
Customer PO#: \_\_\_\_\_

In order to identify your COM (Customer's Own Material), we will need the following information. Complete this form and fax back to \_\_\_\_\_ in customer service at 828-397-4163.

Who shipped the COM to Cox Mfg? (Mill, Jobber, Etc). \_\_\_\_\_

Pattern Name/Number: \_\_\_\_\_

Pattern Color: \_\_\_\_\_

Description of COM: \_\_\_\_\_

Yards shipped: \_\_\_\_\_

COM Type \_\_\_ Fabric \_\_\_ Cording \_\_\_ Tassel Fringe \_\_\_ Bullion Fringe \_\_\_ Other \_\_\_

Was COM tagged with a PO# or for a customer? If yes, please provide # and/or name: \_\_\_\_\_

Was COM shipped under customer/company name other than name listed above? If yes, please provide possible names: \_\_\_\_\_

Please provide Proof of Delivery: \_\_\_ Mail \_\_\_ UPS \_\_\_ Fed Ex \_\_\_ Other

Name of receiver: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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