

Longarm Quilting Intake Form

Customer Information

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Additional Services

Binding Piecing Backing Trimming

Other Services: _____

Quoted Price: \$_____ Deposit Paid: \$_____

Quilt Information

Quilt Name or Description:

Quilt Top Width (in inches):

Quilt Top Length (in inches):

Quilt Backing Provided: Yes / No

Batting Provided: Yes / No

Type: _____

Thread Color Preference:

Quilting Style: Edge-to-Edge Custom

Design Notes / Special Instructions:

Completion & Agreement

Estimated Completion Date: _____

Customer Signature: _____

Date: _____