

TAPE #: _____ SHIP TO _____
 ACCOUNT #: _____ NAME _____
 DATE ORDERED: _____ ADDRESS _____
 ORDERED BY: _____ CITY/STATE/ZIP _____

FAX # 1-800-388-3514
 PHONE # 1-800-888-6680 EXT. 401



**ALUMINUM HORIZONTALS
 ORDER FORM**

CUSTOMER PO# _____ REFERENCE #: _____
 SIDEMARK: _____
 DATE NEEDED: _____

LINE ITEM	QUANTITY	TYPE OF PRODUCT	SIZE / MOUNT				CONTROLS				EXTENSIONS / SPACERS	HOLD DOWNS	COLOR NAME & NUMBER		OPTIONS				ROOM LOCATION	PRICE
			WIDTH (INCHES)	MOUNT (I OR O)	HEIGHT (INCHES)	MOUNT (I OR O)	WAND TILT (L OR R)	CORD TILT (L OR R) 2' only	MOTOR LEFT (2' ONLY)	TILT RING POSITION (see pg 10)			LIFT CORD (L OR R)	COLOR NAME	COLOR NUMBER	2-ON-1 HEADRAIL	3-ON-1 HEADRAIL	SKYLIGHT POLE - 6' or 9'		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
SPECIAL INSTRUCTIONS:							MOTOR DETAILS: 2" ONLY <small>(see motorized price book)</small> (Example - IR - BATTERY - 1 REMOTE)													