



TAPE #: _____ SHIP TO: NAME: _____ FAX # 1-800-388-3514
 ACCOUNT #: _____ ADDRESS: _____ PHONE # 1-800-888-6680
 DATE ORDERED: _____ CITY / STATE / ZIP: _____ REFERENCE #: _____
 ORDERED BY: _____ CUSTOMER'S PO NO.: _____ SIDEMARK: _____

**CELLULAR SHADE
ORDER FORM**

ORDERED BY _____

DATE NEEDED: _____

LINE ITEM	QUANTITY	PRODUCT TYPE	SIZE / MOUNT							PATTERN/COLOR	MOTORIZATION OPTIONS	CUTOUPS	ROOM LOCATION	PRICE
		CELLULAR Standard EZ-Lift Top Down Bottom Up Cordless Cordless Top Down Angle Skylight Motorized Perfect Arch Imperfect Arch 1/2 Arch 2 on 1 Headrail Privacy View Circle	WIDTH (INCHES)	MOUNT (I OR O)	HEIGHT (INCHES)	CORD (L OR R)	EZ-LIFT CONTROL BEAD OR CORD LOOP	EXTENSION BRACKETS/SPACERS	HOLDOWNS Y OR N					
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

SPECIAL INSTRUCTIONS:

MOTOR PROGRAMMING INSTRUCTIONS:

OTHER: