



## Window Covering Order Form

Phone: 866-630-6747

Fax: 866-631-6747

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

PO# (if required): \_\_\_\_\_ Phone #: \_\_\_\_\_

☐ Delivery ☐ Will-Call ☐ Quote Email or Fax Confirmation to: \_\_\_\_\_

Blind Type Codes: **VP** Vinyl/Plus  
(metal headrail/vinyl slats)

**M** All-Metal Blind

**PVC** Vinyl

**V** Vertical

**FW** Faux Wood

☐ Opening Size / ☐ Blind Size

Mount (check one)	Qty	Width	Length	LPS Blind Part #	Blind Type (see above)
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					
<input type="checkbox"/> Inside <input type="checkbox"/> Outside					

**Please take care when placing your custom window covering order.**

**Custom orders are final and may not be returned or exchanged.**

Please allow 3 business days for delivery of items from our Custom Fabrication Shop.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_