



Contact Information

Facility : _____
 Name : _____
 Title or Dept. : _____
 Address : _____
 Phone : _____ Fax : _____
 Email : _____

Order Information

order quote

Date : _____
 Project Name : _____
 Measured By : _____
 Shipping Address : _____
 same as contact contact me for shipping instructions

Ship Date : _____

Line Item	Area Name	Qty	Product		Size (in inches)		Installation Style (check one)		Color		Controls		Hold Down	Valance	
			Name	Style	Width	Height	I B	O B	No.	Name	Location	Wand or Cord		Deluxe	Standard
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Legend:

Installation Style

- IB = inside mount
- OB = outside mount

Controls – Location

- STD = left right
- RL = right left
- LL = left left
- RR = right right