



Order Form for Blinds

Call Toll Free: 1-800-496-4444

Fax: 216-432-1500

Mail to: 4700 Lakeside Ave.
Third Floor
Cleveland, Ohio 44114

Franchisee No. _____ **Order #** _____

Bill To: _____

Address: _____

City: _____

State, Zip Code _____

Phone No; _____

Order Date: _____

Since all orders are custom manufactured we required 50% of the purchase price paid at the time the order is placed with the balance due 10 days after shipment.

Install At/ Ship TO: _____

Address: _____

City: _____

Contact: _____

Qty	Width	Height	(Circle One)		(Circle One) **			Blind Art No.	Suggested Retail	Your Price	Total
			* Type of Mount	Tilter	Valance Info	Position of Wand **	Position of Cord #				
1			In Out	Wand Cord	Crown Plain	Left Right	Right Left				
2			In Out	Wand Cord	Crown Plain	Left Right	Right Left				
3			In Out	Wand Cord	Crown Plain	Left Right	Right Left				
4			In Out	Wand Cord	Crown Plain	Left Right	Right Left				

Cord Cleats are supplied with every blind. We recommend their installation for additional child safety.

**Inside Mount*- Manufacturer will take deductions
Outside Mount*- Manufacturer takes **NO deductions

** If no position is specified, blinds will be shipped with the wand on the left and cord on the right

All orders shipped **UPS ground** unless specified otherwise. Additional charges will apply.

County	_%Tax	
Freight	\$15 per unit	
	Total	