

Horizontal Blinds

ORDER FORM

Shade & Light, Inc.
FAX 800 318 2168

COMPANY: -----

SHIP TO: -----

DATE: -----

ACCOUNT # -----

PO # -----

SIDE MARK: -----

	ROOM	WIDTH	LENGTH	IB/OB	CONTROL POSITION	TYPE OF BLIND	COLOR NAME	COLOR #	CORD TILT	WAND TILT	CLOTH TAPES	VAL SIZE	HDS
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

SPECIAL INSTRUCTIONS: