

Name: _____

Day Phone: _____

Address: _____

Cell: _____

City: _____ State: _____

Zip: _____

E-Mail: _____

Item #	Width	Height	Installation IB or OB	Shade Material	Material Color	Scallop Style	Fringe Style	Gimp Style	Straight Hem Y/N	Gimp Style	Pull Type	Price
1												
2												
3												
4												
5												
6												
Comments/Special Instructions										Sub Total		
										Shipping		
										Total		

Order one shade per line please. If scallop is desired be sure to add in width based cost to body of shade.

If Scallop write in scallop name, fringe style, gimp style, and pull.

If Straight hem write in Gimp and pull.

This form is designed to be used with the web site www.shadeshop.com
If you have questions please call (toll free) 877-522-0633