



Draperies Order Form

Account # _____
 Company _____
 Address _____

 Phone # _____
 Fax # _____
 Sidemark _____
 Purchase Order # _____

Date _____
 Ordered By: _____
 Ship To: _____

Fax to (866) 768-0663
Email:
Orders@dreacustomdesigns.com

Draperies:	Draperies:
Pleat Heading:	Pleat Heading:
Color:	Color:
Fabric Width: Repeat:	Fabric Width: Repeat:
C.O.M. Yes/No	C.O.M. Yes/No
Lining Fabric:	Lining Fabric:
Color:	Color:
Lining Fabric Width: Repeat:	Lining Fabric Width: Repeat:
C.O.M. Yes/No	C.O.M. Yes/No
Quantity:	Quantity:
Panel L/R/ C or Pair:	Panel L/R/ C or Pair:
Rod Face Width:	Rod Face Width:
Returns:	Returns:
Overlap:	Overlap:
Finished Width:	Finished Width:
Finished Length:	Finished Length:
# of Widths:	# of Widths:
Pin Setting:	Pin Setting:
Options:	Options: