Soft Shades Order Form

Account #_____
Company _____
Address_____
_____
Phone # _____
Fax # _____

Sidemark _____

Purchase Order # _____

Date _____
Ordered By: _____
Ship To: _____
_____
_____

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

Soft Shades:	Soft Shades:
Style:	Style:
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:
Face Width:	Face Width:
Finished Length:	Finished Length:
Mounting: Inside/Outside	Mounting: Inside/Outside
Control: Left/ Right	Control: Left/ Right
Options:	Options: