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Name:

Street Address:

City and State:

Phone Number:

Email Address:

Date:

Reference:

## Roman Shades Work Order

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Roman Shade Style:	
Fabric Color:	
Solid Or Pattern:	Pattern Repeat:
Fabric Width:	
Lining: Privacy ____ Blackout ____	
Interlining: Yes ____ No ____	
Quantity:	
Finished Width:	
Deductions Taken: Yes _____ No _____	
Finished Length:	
Inside or Outside Mount:	
Control Left or Right:	
Control Type: Standard Cord Lock _____ Continuous Clutch: _____	
Trim:	
Rings or Encased Loop Cord:	