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Sidemark:	Sold To:	Ship To:
P.O. Number:	Address:	Address:
Ordered By:	City/State/Zip:	City/State/Zip:
	Phone: _____ Fax: _____	

Line	Qty	Mount	Style (C)	Fabric*	Color	Width	Height	Returns/ Board Size	Wetling	Decorative Trimmings <small>Specify location in notes if applicable</small>
1		OM only						<input type="checkbox"/> 3-1/2" (Standard) <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2-1/2" <input type="checkbox"/> 5-1/2" <input type="checkbox"/> 7-1/4" <input type="checkbox"/> 9-1/4"	Matching <input type="checkbox"/> Contrast <input type="checkbox"/> None <input type="checkbox"/> Color: _____	Style: _____ Color: _____
Bottom Banding Pattern/Color (C1 Only):				Bottom Banding Height (C1 Only):			Miter <input type="checkbox"/> (include diagram)			
2		OM only						<input type="checkbox"/> 3-1/2" (Standard) <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2-1/2" <input type="checkbox"/> 5-1/2" <input type="checkbox"/> 7-1/4" <input type="checkbox"/> 9-1/4"	Matching <input type="checkbox"/> Contrast <input type="checkbox"/> None <input type="checkbox"/> Color: _____	Style: _____ Color: _____
Bottom Banding Pattern/Color (C1 Only):				Bottom Banding Height (C1 Only):			Miter <input type="checkbox"/> (include diagram)			
3		OM only						<input type="checkbox"/> 3-1/2" (Standard) <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2-1/2" <input type="checkbox"/> 5-1/2" <input type="checkbox"/> 7-1/4" <input type="checkbox"/> 9-1/4"	Matching <input type="checkbox"/> Contrast <input type="checkbox"/> None <input type="checkbox"/> Color: _____	Style: _____ Color: _____
Bottom Banding Pattern/Color (C1 Only):				Bottom Banding Height (C1 Only):			Miter <input type="checkbox"/> (include diagram)			
4		OM only						<input type="checkbox"/> 3-1/2" (Standard) <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2-1/2" <input type="checkbox"/> 5-1/2" <input type="checkbox"/> 7-1/4" <input type="checkbox"/> 9-1/4"	Matching <input type="checkbox"/> Contrast <input type="checkbox"/> None <input type="checkbox"/> Color: _____	Style: _____ Color: _____
Bottom Banding Pattern/Color (C1 Only):				Bottom Banding Height (C1 Only):			Miter <input type="checkbox"/> (include diagram)			

* Please provide a name or description for all C.O.M. fabrics

Notes: