

Horizons Soft Treatments

Premium Top Treatments

Use this form for ordering Cornices or Premium Top Treatments from the Horizons Soft Treatments Collection

Date: _____

Page: _____ of _____

1705 Waukegan Rd. • Waukegan, IL 60085 • Fax: 800-858-8556 • Phone: 800-858-2352 • Email: orderentry@horizonshades.com

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

Line	Qty	Mount	Style v#	Fabric*	Color	Width	Body Height Where Applicable	Jabot Height Where Applicable	Lining	Returns/ Board Size	Welting	Decorative Trimmings Specify location in notes if applicable	
1		OM only							Body: Swag: Jabot:	<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"	1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Matching <input type="checkbox"/> Contrast <input type="checkbox"/> Color: _____	Style: _____ Color: _____	
Banding Color: _____				Valance Ties: Pattern/Color: _____				Tails on Ties: <input type="checkbox"/> Yes <input type="checkbox"/> No					
2		OM only							Body: Swag: Jabot:	<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"	1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Matching <input type="checkbox"/> Contrast <input type="checkbox"/> Color: _____	Style: _____ Color: _____	
Banding Color: _____				Valance Ties: Pattern/Color: _____				Tails on Ties: <input type="checkbox"/> Yes <input type="checkbox"/> No					
3		OM only							Body: Swag: Jabot:	<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"	1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Matching <input type="checkbox"/> Contrast <input type="checkbox"/> Color: _____	Style: _____ Color: _____	
Banding Color: _____				Valance Ties: Pattern/Color: _____				Tails on Ties: <input type="checkbox"/> Yes <input type="checkbox"/> No					
4		OM only							Body: Swag: Jabot:	<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"	1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> Matching <input type="checkbox"/> Contrast <input type="checkbox"/> Color: _____	Style: _____ Color: _____	
Banding Color: _____				Valance Ties: Pattern/Color: _____				Tails on Ties: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

Notes: