SUPERIOR DESIGN PRODUCTS

Horizontal Blind Order Form

CUSTOMER INFORMATION	Work Order #:
Business Name:	**DELIVER OR SHIP TO:**
Ordered By:	Name:
Sidemark:	Street 1:
PO Number:	Street 2:
Phone Number:	City:
Deliver ☐ Install ☐ Pick Up ☐	State, Zip:

LINE	QTY	WIDTH	LENGTH	IB OB	MATERIAL	COLOR	POSITION		CONTROL TYPE	OTHER OPTIONS/NOTES
							TILT	LIFT		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										