SUPERIOR DESIGN PRODUCTS

# Vertical 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 | CONTROL | | STACK | VALANCE | OTHER OPTIONS/NOTES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | C/W | R/L | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |