

BILL TO

Company Name: _____ Acct #: _____
Address: _____
City / State / Zip: _____
Phone Number: _____ Fax #: _____
Email: _____

SHIP TO

Company Name: _____ Acct #: _____
Address: _____
City / State / Zip: _____
Phone Number: _____ Fax #: _____
Email: _____

P.O. #: _____
Side Mark: _____
Contact: _____
Date: _____

Liner Option Light Filtering Blackout *	Operation Method Single Cord Operator Cord-Free Motorization **	Qty	Color #	Color Name	Width	Length	Mount	Single Cord Operator Right Left	Fabric Valance ***	Single Cord Operator Only Single Cord 2'-15' ****	Motorization Only Number of Remotes	Special Instructions
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			
LF BO	SCO CF MOTOR						IB OB	R L	Y N			

* Must select a Light Filtering or Blackout liner with every shade ** Cordless Maximum size shade is 84" x 84". See individual price grids for specifications on Single Cord Operator and Motorization; maximum size shade is 96" x 96". See price grid for limitations. *** 8" Fabric Valance Upgrade. See price grids for details. **** Single Cord Operator cord length is standard at 1/2 the length of the shade. Custom sizes are available, maximum size is 2/3 length of shade.

SPECIAL INSTRUCTIONS

Shipping Charges - Comfortex will ship all orders for fabricated shades freight free via UPS, FedEx Ground or other similar method within the continental United States. Roman shades with widths of 94" or more or verticals with lengths of 84" or more do not meet the size and weight requirements of UPS or FedEx Ground are required to ship by motor freight. A Common Carrier surcharge will be added for all orders shipped within the continental United States which required to ship by motor freight. A per unit transportation surcharge will be added to all orders. See freight policy at www.comfortexdealers.com for more details and for freight policy for Hawaii and Alaska.

Customer Signature _____ Date ____/____/____ Measured By _____ Date ____/____/____