ROMAN SHADE ORDER FORM

☐ CHECK HERE IF MORE FORMS ARE NEEDED.

ACCOUNT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

ORDERED BY _____ P.O. # _____

DATE ORDERED _____ DATE REQUESTED* _____

*PLEASE CALL FOR CONFIRMATION

Carol's Roman Shades, Inc.

130 MASON CIRCLE, SUITE K, CONCORD, CA 94520
TEL 800-422-1210
FAX 800-295-2173
LOCAL 925-674-9622

QUOTE #	DATE	AMOUNT	PERSON

SHIP TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIDE MARK _____

DEPOSIT _____ PAGE _____ OF _____

	MEASUREMENTS			INSTALLATION		STYLE	CORDING			RETURN SIZE		FABRIC					*LINING				
ROOM	QTY.	WIDTH	HEIGHT	INSTALL	CRS TO MAKE DEDUCTIONS FOR INSIDE MOUNT	SHADE STYLE	CORD POSITION		CONTINUOUS CORD OPTION	STANDARD 1½"	CONTINUOUS CORD 2¼"	PATTERN	COLOR	COMPANY	WIDTH	REPEAT	TYPE OF LINING SATEEN/THERMAL/ BLACK OUT	COLOR WHITE*	COLOR IVORY	CRS SUPPLY LINING YES	CRS SUPPLY LINING NO
1				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
2				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
3				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
4				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
5				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
6				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												
7				☐ IN ☐ OUT	☐ YES ☐ NO		L	R	☐ YES ☐ NO												

USE SPACE BELOW TO DESCRIBE IN DETAIL ANY SPECIAL DESIGN REQUESTS:

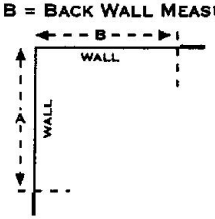
*PLEASE SPECIFY SHADES WHICH HANG SIDE BY SIDE SO THAT WE CAN ALIGN PLEATS & PATTERNS.

*POUFF STYLE SHADES: SPECIFY IF HEIGHT GIVEN IS BOTTOM OF POUFF OR ROD HEIGHT.

**IF CORNER OR BAY INSTALLATION, PLEASE INDICATE THE FOLLOWING:

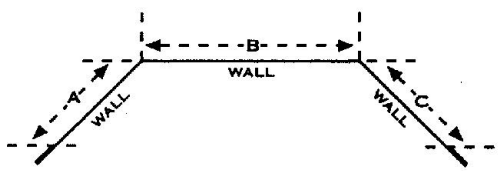
CORNER

A + B = BACK WALL MEASURES



BAY

ABC = BACK WALL MEASURES



SIGNATURE OF PURCHASING AGENT _____ DATE