



Shades of Elegance -

Roller Shades & Roman Shades - Order Form

Date: _____

5 W: Ugh6 jbxg! Sign & Email to: info@acefastblinds.com

Questions? Call 866-528-9223

Page: _____ of _____

Email:	Sold To:		Ship To:	
	Address:		Address:	
	City/State/Zip:		City/State/Zip:	
	Phone:	Fax:		

Roller Shades										Measure		Style		Control		Easy Stop Controls		Bracket Type		Reverse Roll		Decorative Trimmings		Contempo Scallops	
Line	Qty	Width	Height	Cloth	IM	Pattern	Color	Spring	Clutch	Left	Right	STD	EXT	Reverse Roll	Classic Valance	Decorative Pull Style	(Specify location in notes if applicable)								
				TT	BB																				
1																	Style: _____	Style: _____							
																	Color: _____	Gimp _____							
																	Color: _____	Color: _____							
2																	Style: _____	Style: _____							
																	Color: _____	Gimp _____							
																	Color: _____	Color: _____							
3																	Style: _____	Style: _____							
																	Color: _____	Gimp _____							
																	Color: _____	Color: _____							
4																	Style: _____	Style: _____							
																	Color: _____	Gimp _____							
																	Color: _____	Color: _____							
5																	Style: _____	Style: _____							
																	Color: _____	Gimp _____							
																	Color: _____	Color: _____							

Roman Shades										Control Options			Brackets				Decorative Trimmings	
Line	Qty	Width	Height	IM or OM	Pattern	Color	Cordless ONE Controls	UpRight Clutch	Cord Lock	"NY"	"L"	"XNY"	"2"	Turned Headrail	Cord Cleats	Hold Down Brackets		
1								Right <input type="checkbox"/>	Right <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Left <input type="checkbox"/>	Left <input type="checkbox"/>								Style: _____	Color: _____
2								Right <input type="checkbox"/>	Right <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Left <input type="checkbox"/>	Left <input type="checkbox"/>								Style: _____	Color: _____

Notes:

X Sign here

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This order is custom made and cannot be changed or canceled once goods are cut. • The workroom will take deductions on all inside mounts.



Soft Treatments - Fabric Roman Shades - Order Form

Date: _____

Page: _____ of _____

5 W: Ugh6 "bXg"! "G = B / 9 A 5 @rc.]bz 4 UWZLgV]bXg"Wa E i Yghcbg37 U", **!) & !- &&'

Email	Sold To:		Ship To:	
	Address:		Address:	
	City/State/Zip:		City/State/Zip:	
	Phone:	Fax:		

Line	Qty	Width	Height	IM or OM	Fabric*	Color	Shade Style (Classic, Hobbled, Relaxed, London, Knife or Ribbed)	Control Options			Installation Brackets	Lining	Support Rod (Classic or Hobbled)		Valance	Valance Returns	Duo-Fold	Turned Headrail	C.O.M. Yards Sent	2-1/2" Edge Accents Banding (note fabric & location in notes)	Decorative Trimmings
								Cordless ONE Controls	UpRight Clutch	Cord Lock			Standard	Hidden							
1								Back <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>	"NY" <input type="checkbox"/>	Standard <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Front <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>	"L" <input type="checkbox"/>	Blackout <input type="checkbox"/>								Style: _____	Color: _____
2								Back <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>	"NY" <input type="checkbox"/>	Standard <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Front <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>	"L" <input type="checkbox"/>	Blackout <input type="checkbox"/>								Style: _____	Color: _____
3								Back <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>	"NY" <input type="checkbox"/>	Standard <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Front <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>	"L" <input type="checkbox"/>	Blackout <input type="checkbox"/>								Style: _____	Color: _____
4								Back <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>	"NY" <input type="checkbox"/>	Standard <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Front <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>	"L" <input type="checkbox"/>	Blackout <input type="checkbox"/>								Style: _____	Color: _____
5								Back <input type="checkbox"/>	Right <input type="checkbox"/>	Right <input type="checkbox"/>	"NY" <input type="checkbox"/>	Standard <input type="checkbox"/>								Valance <input type="checkbox"/>	Shade <input type="checkbox"/>
								Front <input type="checkbox"/>	Left <input type="checkbox"/>	Left <input type="checkbox"/>	"L" <input type="checkbox"/>	Blackout <input type="checkbox"/>								Style: _____	Color: _____

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

Notes:

X Sign here:

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