

Shutter Order Form

Phone 205-702-4011 • 800-662-5894 • Fax 205-702-4007



Date: _____

Dealer Name: _____

Phone: _____

Address: _____

S/M: _____

Signature: _____

Special Instructions

Product	Louver	Color	Hinge Color
<input type="checkbox"/> Original	<input type="checkbox"/> 2.5	<input type="checkbox"/> Off White (PD2)	<input type="checkbox"/> Dark Oak (AW3)
<input type="checkbox"/> DesignerWood	<input type="checkbox"/> 3.5	<input type="checkbox"/> Bright White (PD5)	<input type="checkbox"/> Spanish Pecan (AW4)
<input type="checkbox"/> Amberwood®	<input type="checkbox"/> 4.5	<input type="checkbox"/> Iceberg (PD6)	<input type="checkbox"/> Cherry (AW5)
		<input type="checkbox"/> Mahagony (AW6)	<input type="checkbox"/> Antique Brass
			<input type="checkbox"/> Brass
			<input type="checkbox"/> Black
			<input type="checkbox"/> Color Match

Line	Location (room)	Qty	Width	Length	Mount		No. of Panels	T-Post	Hinge Code		Divider Rail		Tilt Rod		Frame				Total Price
					Ins	Out			Left	Right	Mark if Yes	Location	Front	Rear	L	R	T	B	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			

Authorization:

I understand that this is a custom-made product and is not subject to change, cancellation, or return.
 I also confirm that the width, length, color and style of product is correct.
 THIS WORK ORDER CONSTITUTES A CONTRACT.

Total Price

SIGNATURE: _____

(must be signed to process order)