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CALIFORNIA CUSTOMERS  
Toll Free: (800) 926-9372  
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DATE \_\_\_\_\_  
ORDER NUMBER \_\_\_\_\_  
SIDEMARK \_\_\_\_\_  
DATE OF DELIVERY \_\_\_\_\_

FACTORY USE ONLY	
WESCO P.O.	_____
WESCO SIDEMARK	_____
MFG. ACCT.#	_____
ORDER DATE	_____
PAGE _____	OF _____ PAGES

DEALER'S NAME \_\_\_\_\_  
DEALER'S ACCOUNT NO. \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

SHIP TO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_

## KIRSCH CELLULAR SHADE ORDER FORM

Line #	Quantity	Shade Width	Shade Height	Fabric Color Number	Fabric Style/ Fabric Color	Mount (Inside, Outside or End)	Lift Control ( L or R)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

TYPE OF SHADE							
Standard Rectangular	Bottom Up	Duo-fold	Day / Night	Two-On-One-Headrail	Cordless Style	Speciality (Specify Below)*	

OPTIONS			
Extension Brackets	Spacer Blocks (1/2", 1", or 1-1/2")	Hold Down Brackets	Other (Specify Below)

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Attach additional Special Instructions, if necessary.

**ALL ORDERS ARE FINAL!**

Not subject to change or cancellation.

Ordered by: