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

DEALER'S NAME \_\_\_\_\_ SHIP TO: \_\_\_\_\_  
 DEALER'S ACCOUNT NO. \_\_\_\_\_  
 PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
 CUST. P.O. \_\_\_\_\_ CITY AND STATE \_\_\_\_\_  
 SIDEMARK \_\_\_\_\_

# Levolor Horizontal Blinds Order Form

**Use separate order form for each type of product**

<b>1/2"</b>	<b>1"</b>	<b>1-3/8"</b>	<b>2"</b>
<input type="checkbox"/> Riviera	<input type="checkbox"/> Mark I LightMaster <input type="checkbox"/> Mark I LightMaster Cordless <input type="checkbox"/> Mark I <input type="checkbox"/> Mark I Cordless <input type="checkbox"/> Riviera One <input type="checkbox"/> Riviera Classic <input type="checkbox"/> Riviera One LightMaster	<input type="checkbox"/> Mark I <input type="checkbox"/> Mark I Cordless	<input type="checkbox"/> Riviera

Line Item	Enter * For Special	Quantity	Installation (Check One)			Blind Measurements (In Inches)		Controls Position L or R		Color Number and Name	OPTIONS
			Inside	Outside	Door	Width	Length	Tilt	Lift		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											

**SPECIAL INSTRUCTIONS:**

SIGNED \_\_\_\_\_