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 CALIFORNIA CUSTOMERS Toll Free: (800) 926-9372 Fax: (970) 774-4287

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 _____

Use separate order form for each type of product

LEVOLOR WOOD ORDER FORM

Horizontal Blinds: 1" <input type="checkbox"/> Premium	2" <input type="checkbox"/> Cordless Premium Lightmaster	<input type="checkbox"/> Nuwood - Composite	<input type="checkbox"/> Visions Faux Wood	2-1/2" <input type="checkbox"/> Faux Wood <input type="checkbox"/> Faux Lightmaster	Cornices <input type="checkbox"/> Rope <input type="checkbox"/> Dentil
	<input type="checkbox"/> Premium Hardwood	<input type="checkbox"/> Nuwood - Composite Lightmaster	<input type="checkbox"/> Faux Wood		
	<input type="checkbox"/> Premium Hardwood Lightmaster	<input type="checkbox"/> Nu Wood	<input type="checkbox"/> Faux Lightmaster		
	<input type="checkbox"/> Premium	<input type="checkbox"/> Visions Faux Lightmasters	<input type="checkbox"/> Classic Wood		

Line Item	Enter * For Special	Quantity	Installation (Check One)			Blind Measurements (In Inches)		Controls		Color Number and Name	OPTIONS
			Inside	Outside	Door	Width	Length	Position L or R	Tilt		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
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16.											
17.											
18.											

SPECIAL INSTRUCTIONS:

SIGNED _____