



Account Name:	Date:	Ship to:
Account Number:	Contact:	Address:
PO #:	Fax #:	City/State/Zip:
Sidemark:	Phone #:	

Aluminum 1" Mini Blind Order Form

Special Notes: _____

Type of Headrail

Fairview	Midway	Crescent

Room Location	Qty	Color/Color #	Measurements in inches		Mount (IB or OB)	Wand Tilt (L or R)	Lift (L or R)	Control Length (S, T or C)	Crescent Only Privacy Option Surcharge Applies	Multiple Blinds On One Headrail			Hold Down Brackets	Spacers	Extension Brackets
			Width	Length						L	C	R			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Control Lengths

- S = Standard Control Length (40% Length of Blind)
- T = Traditional Control Length (60% Length of Blind)
- C = Custom Control Length (Custom Length Available)

Note preference in Control Length Column on Order Form



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