ROLLER SHADE MANUAL ORDER FORM

Automated Motorized Shades ®

*Required

DATE:

SIDE MARK:

PO #:

Page _____ of _____

BILL TO:

- *Company:
- Address:
- City:
- State: | Zip:
- *Name:
- *Contact Phone:
- *Fax #:
- *Email:

SHIP TO:

- Location:
- Address:
- City:
- State: | Zip:
- Contact Phone #:
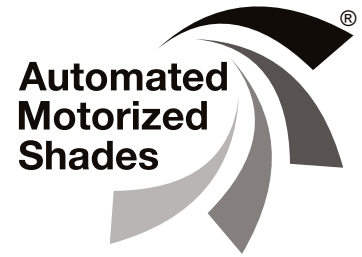
Please send completed form to orders@amsshades.com or fax to 954-974-0529

A: SELECT CONTROL TYPE
- ☐ Clutch Roller Shade
- ☐ Cordless Roller Shade
- ☐ Stationary Shade
- ☐ 45w Tandem

B: SELECT CLUTCH
- ☐ Manually Check Clutch by Line (May Incur Additional Charges)
- ☐ R-Series Default   ☐ Skyline Default (Only 5" Fascia and Cassette is Available)
- ☐ R-Series All the Same   ☐ Skyline All the Same (Only 5" Fascia and Cassette is Available)

Checking "All the Same" will make the clutch & tube the same size as the largest shade on the order and may incuradditional charges.

C: SELECT CHAIN COLOR
- ☐ Factory Default
- ☐ White   ☐ Vanilla   ☐ Gray
- ☐ Black   ☐ Brown   ☐ Stainless

D: SELECT FASCIA/CASSETTE
- ☐ 3" R-Fascia   ☐ 120 Cassette
- ☐ 4" R-Fascia   ☐ w/ Fabric Insert
- ☐ 5" R-Fascia* ☐ w/o Insert

E: SELECT COLOR
- ☐ white   ☐ vanilla
- ☐ bronze   ☐ black
- ☐ gray/annodized

F: SELECT FASCIA ENDCAPS
- ☐ Yes   ☐ No

G: SELECT BOTTOM RAIL STYLE
- ☐ Heat Sealed w/ Open Ends
- ☐ Heat Sealed w/ Sealed Ends
- ☐ Fabric Wrapped Bottom Rail

H: SELECT BOTTOM RAIL COLOR*
- ☐ Factory Default
- ☐ White   ☐ Off White
- ☐ Gray   ☐ Black

Only for Fabric Wrapped Option

I: SIDE CHANNELS
- ☐ White   ☐ Bronze
- ☐ Anodized

	QTY	ROOM	WIDTH	HEIGHT	MOUNT (Inside or Outside)	PATTERN	COLOR	ROLL DIRECTION (Reg or Rev)	CONTROL SIDE (Left or Right)	CHAIN LENGTH (Optional)	SPECIAL REMARKS & PROGRAMMING DIRECTIONS
1											
2											
3											
4											
5											
6											
7											
8											

Note: Custom made products may not be returned or cancelled.

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. Automated Motorized Shades is authorized to perform the work as specified. Payment will be made as stated above. In the event of any litigation to enforce or interpret any terms of this Agreement, the parties agree that such action will be brought in the Superior Court of the County of Broward, Florida. In no event shall the litigation of any controversy or the settlement thereof delay the performance of this Agreement. If an action is commenced to enforce payment as provided herein, Customer agrees to pay Automated Motorized Shades's Attorneys' fees, court costs and other costs of collection. I have read and agree to the terms stated.

I certify that I am responsible for the measurements, specifications and their accuracy. I understand any corrections or revisions requested may result in additional fees.

*Responsible Party Signature:_____ Title:_____ Date:_____