| DATE:   | ATE:                                      |   |       |        |                                   |  | SIDE MA         | RK:  |                     | Automated *Required Motorized   |  |
|---|---|---|-------|--------|-----------------------------------|--|-----------------|--|---------------------|---|--|
|   | Ac<br>Cit<br>Sta<br>*N<br>*C<br>*Fa<br>*E | *Company: Address: City: State: Zip: *Name: *Contact Phone: *Fax #: *Email:  *CCT PRODUCT el Lift Headrail                          |       |        |                                   |  | PO #:           | Location: Address: City: State: Contact Phone #: | Zip                 | Please send completed form to orders@amsshades.com or fax to 954-974-0529 |  |
| B: SELECT PRODUCT  ☐ 120 volt 404 RTS  ☐ 120 volt 406 RTS |   | C: SELECT POWER  10' Standard Wire Custom Wire Length: Wago Plug Yes No Wall Entry Plate Yes No *Not Available on 404 or 406 motors |       |        | D: SELE<br>(enter Qua             | TREMOTE Intity) Type  1 channel 4 channel 16 channel | white black sil | Enter Additional Controls Here:                  |                     |   |  |
| [   | ртү                                       | ROOM  | WIDTH | HEIGHT | MOUNT<br>(Inside, Outside, Exact) | PATTERN  | COLOR W         |  | CUTOUT LEFT<br>SIDE | CUTOUT RIGHT  | T SPECIAL REMARKS & PROGRAMMING DIRECTIONS |
|   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| 2   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| ;   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| . [   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| ,   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| ,   |   |   |       |        |                                   |  |                 |  |                     |   |  |
| ,   | $\dashv$                                  |   |       |        |                                   |  |                 |  |                     |   |  |
| 3 <del> </del>  | $\dashv$                                  |   |       |        |                                   |  |                 |  |                     |   |  |
| o   |   |   |       |        |                                   |  |                 | 1  | I                   | 1   | •  |

\*Responsible Party Signature:\_ 3117 NW 25th Avenue Pompano Beach, FL 33069 • 954-974-0525 • Fax: 954-974-0529

 ${\it Motorized Shades's Attorneys' fees, court costs and other costs of collection. I have read and agree to the terms stated.}$ 

\_Title:\_

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.