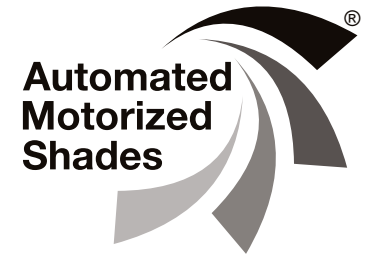


HONEYCOMB COLLECTION 24V MOTORIZED ORDER FORM



Page ____ of ____

*Required

Please send completed form to
orders@amsshades.com
or fax to 954-974-0529

DATE: _____

SIDE MARK: _____

BILL TO:

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

PO #: _____

SHIP TO:

Location: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Contact Phone #: _____

A: SELECT PRODUCT

Reel Lift Headrail

B: SELECT PRODUCT

24 volt RTS Battery

C: SELECT POWER

24 volt Plug-In Transformer

Power Panel

(Use Order Form)

Multi-Motor Transformer

(Use Order Form)

D: SELECT REMOTE

(enter Quantity)

Type	Color	Qty
1 channel	white black silver	
4 channel	white black silver	
16 channel	white silver	

Enter Additional Controls Here:

QTY	ROOM	WIDTH	HEIGHT	MOUNT <i>(Inside, Outside, Exact)</i>	PATTERN	COLOR WITH NUMBER	CONTROL SIDE <i>(Left or Right)</i>	CUTOUT LEFT SIDE	CUTOUT RIGHT SIDE	SPECIAL REMARKS & PROGRAMMING DIRECTIONS
1										
2										
3										
4										
5										
6										
7										
8										
9										

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: _____

3117 NW 25th Avenue Pompano Beach, FL 33069 • 954-974-0525 • Fax: 954-974-0529

www.automatedmotorizedshades.com

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