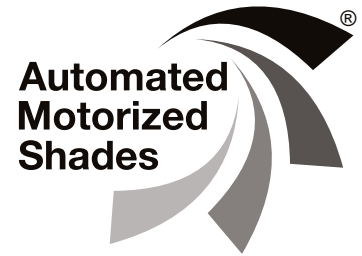


MOTORIZED BTX 5060 DRAPERY ROD



Page ____ of ____

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

DATE: _____

SIDE MARK: _____

*Required

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

SHIP TO:	PO #:	
	Location:	
	Address:	
	City:	
	State:	Zip:
Contact Phone #:		

A: SELECT MOTOR <input type="checkbox"/> 30 Watt <input type="checkbox"/> 45 Watt <input type="checkbox"/> 30 Watt Tandem <input type="checkbox"/> 45 Watt Tandem	B: SELECT CONTROL TYPE <input type="checkbox"/> RTS <input type="checkbox"/> Z-Wave <input type="checkbox"/> DCT <input type="checkbox"/> 4 wire (60 only) <input type="checkbox"/> RS-485 <input type="checkbox"/> Zigbee <input type="checkbox"/> RTS Wireless Interface	C: SELECT PLEAT TYPE <input type="checkbox"/> Pinch Pleat <input type="checkbox"/> RippleFold 80% <input type="checkbox"/> RippleFold 100% <input type="checkbox"/> RippleFold 120%	D: SELECT OVERLAP MASTERS <input type="checkbox"/> RippleFold Butt Masters <input type="checkbox"/> RippleFold Overlap Masters	E: SELECT REMOTE (enter Quantity) <table border="1"> <tr> <th>Type</th> <th>Color</th> <th>Qty</th> </tr> <tr> <td>1 channel</td> <td>white black silver</td> <td></td> </tr> <tr> <td>4 channel</td> <td>white black silver</td> <td></td> </tr> <tr> <td>16 channel</td> <td>white silver</td> <td></td> </tr> </table>	Type	Color	Qty	1 channel	white black silver		4 channel	white black silver		16 channel	white silver		Enter Additional Controls Here:
Type	Color	Qty															
1 channel	white black silver																
4 channel	white black silver																
16 channel	white silver																
F: CHECK MOUNTING BRACKETS (SPECIFY QUANTITY) <input type="checkbox"/> Ceiling <input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall Qty: _____																	

QTY	ROOM	WIDTH	HEIGHT	MOUNT (Inside or Outside)	MOTOR SIDE (Left or Right)	DRAW (left, center, off center or right)	SPLICE (Yes or No)	CURVE OR BENDS (Provide Template)	PROGRAM ROD (Yes or No)	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: _____

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

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