

ROLLER SHADE 120V MOTORIZED ORDER FORM														Automated
DATE:							SIDE MARK:						*Required	Motorized /
		*Company: Address: City: State: Zip: *Name: *Contact Phone:					P0 #:							Shades
								Location:						
							ë	Address: City: State: Zip: Contact Phone #:					Page of	
							SHIP							
												(Pl	ease send completed form to	
		*Fax #: *Email:											orders@amsshades.com or fax to 954-974-0529	
		CT PRODUCT B: SELECT POWER O volt 404 RTS I 6' Standard Wire Cooper Plug Yes N				No		ECT REMOTE Duantity)		olor Qty	Enter Add	itional Controls	Here:	
	120 vo	olt 406 RTS		Wago Plug Yes						black silver				
		olt 504 RTS olt 506 RTS	□ 18' Wire* □ 24' Wire*	Wall Entry Plate Yes		No			4 channel white bl	ack silver				
	120 vo	volt 510 RTS *Not Available on 404 or 406 motors						16 channel white si	ver					
	3″ R-Fa 4″ R-Fa 5″ R-Fa					F: SELEC	CT FASCIA ENDCAPS					ictory Default hite □ Off W ray □ Black	/hite	I: SIDE CHANNELS Uhite Bronze Anodized
	QTY	ROOM	OOM WIDTH HEIGHT MOUNT (Inside or Outside) PAT		PATTER	ATTERN COLOR		ROLL DIRECTION (Reg or Rev)	CONTROL SIDE (Left or Right)			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. Title: Date:

*Responsible Party Signature:_____

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www.automatedmotorizedshades.com

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