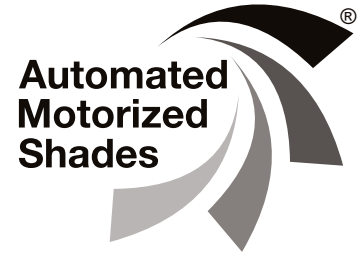


SHEER COLLECTION 12V MOTORIZED ORDER FORM



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

- 2" Light Filtering Vane 2" Light Filtering Vane Spacers
 2" Room Darkening Vane 2" Room Darkening Vane Extension Brackets

B: SELECT PRODUCT

- 12 volt RTS Battery

C: SELECT POWER

- Dual Reloadable Battery Wands Reloadable Battery Wand
 12 volt Plug-In Transformer Solar Kit w Reloadable Battery Wand
*Batteries for Reloadable Wands are included when ordered unless otherwise specified
 Maximum Shade Size 73" x 96" Call for Information*

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 <small>(Inside or Outside)</small>	PATTERN	COLOR	CONTROL SIDE <small>(Left or Right)</small>	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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