DATE:						SIDI	E MARK:			*Required	Motorized /			
	*C	*Company:									Shades			
		dress:				P0 #	<u> </u>					-		
	Cit	ty:					Locat							
DI TO	Sta	ate:	Zip:				Addre City:	ess:		_	Page of			
=		*Contact Phone:						:	Zij	n·		\dashv \longrightarrow		
								act Phone #		ρ.		─	Please send completed form to	
		*Fax #: *Email:											orders@amsshades.com or fax to 954-974-0529	
	*Er	maii:											01 lax to 334-374-0323	
A: SELECT PRODUCT 2" Light Filtering Vane 2" Room Darkening Vane								" Light Filte " Room Dar	kening Vane		☐ Spacers ☐ Extension Brackets			
	B: SELECT PRODUCT ☐ 12 volt RTS Battery ☐ Dual Reloadable Battery Wands ☐ Reloadable ☐ 12 volt Plug-In Transformer ☐ Solar Kit w F Batteries for Reloadable Wands are included when ordered unless otherwise spec Maximum Shade Size 73" x 96" Call for Information					ar Kit w Reloa	Battery Wand (enter Quantity) Type Color Qty Reloadable Battery Wand 1 channel white black silver					ter Additional Co	ontrols Here:	
	QTY	ROOM	DOM WIDTH HEIGHT MOUNT (Inside or Outside)					cc	OLOR CONTROL SIDE (Left or Right)			PECIAL REMARKS & PROGRAMMING DIRECTIONS		
- 1														
1														
H														
2														
2 3														
3														
2 3 4														
2 3 4 5														
2 3 4 5 6 7														
1 2 3 4 5 6 7 8 9														

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

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.

*Responsible Party Signature:_

DAT	E:						SIDE MARK:							Automated Motorized	
	*C	*Company:										Shades			
	Ad	ldress:						Tian	-ation.						
	Cit	:y:					۱		cation: dress:						
	_	ate:	Zip:				SHIP TO:	City						Page of	
		*Name: *Contact Phone: *Fax #: *Email:								Zip:					
									ntact Phone #:	•			Please send completed form to orders@amsshades.com or fax to 954-974-0529		
	_														
	2" Ligh	RODUCT at Filtering Van m Darkening \] 2" Light Filtering Vane] 2" Room Darkening Va	ne				☐ Spacers ☐ Extension Brackets	
							ECT RE	МОТЕ	Type Color 1 channel white black silver 4 channel white black silver 16 channel white silver	Qty	Enter A	Additional Controls Here:	:		
	QТΥ	ROOM	WIDTH	HEIGHT	MOUNT (Inside or Outside)	P	PATTERN COLOR CONTROL SIDE (Left or Right) SPECIAL F				REMARKS & PROGRAMMING DIRECTIONS				
1															
2															
3															
4															
5															
6															
7															
8															
9															

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

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.

*Responsible Party Signature:_

DATE:							SIDE M	ARK:		*Required	Automated Motorized			
	***	*Company:							•		Shades			
		dress:				_	P0 #:							
	City							Loca	tion:					
ë			Zip:			_	ë	Addr	ess:		Page of			
BILL TO:	*Na	*Name:						Address: City: State: Zip:					1 uge 01	
	*Contact Phone: *Fax #:						2						lease send completed form to	
								Cont	act Phone #:			orders@amsshades.com		
	*Email:												or fax to 954-974-0529	
A: SELECT PRODUCT ☐ 2" Light Filtering Vane ☐ 2" Room Darkening Vane							☐ 2″ Light Filtering Vane ☐ 2″ Room Darkening Vane						☐ Spacers ☐ Extension Brackets	
		RODUCT	C: SELECT POWE	_	oper Plug Yes	No	D: SELECT REMOTE (enter Quantity) Type Color Qty 1 channel white black silver 4 channel white black silver 16 channel white silver					s Here:		
		lt 404 RTS It 406 RTS	☐ 10′ Standaı Custom Wire I	I WIII C	ago Plug Yes	No								
	120 001	1001113	Custom Wile		Entry Plate Yes	No								
			*Not Available on 404		•									
	QTY	ROOM	WIDTH	HEIGHT	MOUNT (Inside or Outside)	P	PATTERN COLOR CONTROL SIDE (Left or Right) SPECIA				SPECIAL R	IL REMARKS & PROGRAMMING DIRECTIONS		
1 [
2 [
3 _														
4 L			1											
4 <u> </u>														
⊢														
5														
5														
5														

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

SH	EER (COLLECTIC		Automated								
DATE:						SIDE	MARK:		*Required	Motorized /		
BILL TO:	*Company: Address: City: State: Zip: *Name: *Contact Phone: *Fax #: *Email:						Locat Addre City: State: Conta	255:	Please send completed form to orders@amsshades.com or fax to 954-974-0529			
	"Ligh	RODUCT t Filtering Vand m Darkening V	e ⁄ane				□ 2 ⁻	"Light Filtering Vane "Room Darkening Vane		☐ Spacers ☐ Extension Brackets		
	QTY	TY ROOM WIDTH HEIGHT MOUNT (Inside or Outside)				PATTER	N	COLOR	CONTROL SIDE (Left or Right)	SPECIAL F	REMARKS & PR	OGRAMMING DIRECTIONS
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
Note: Cu Accepta	stom ma nce of Pro	de products may not b posal: The above price	es, specifications and co	onditions are satisfacto						e made as stated above. In the event o		nforce 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:_