



5000 Paschall Avenue • Philadelphia, PA 19143
610-622-7211 • FAX 610-284-4323

Order Name/No. _____
 Date _____

**2015
 Concave
 Awning
 Order Blank**

FOR OFFICE USE ONLY

CCC ___ / CCR ___

Sold To _____
 Address _____
 Address _____
 City, St, Zip _____
 Phone _____ Contact _____

Mfr Date _____

Ship Date _____

___ OC
 ___ FC
 ___ GC

CCV
 SM,SV,Sc

___ Yds
 ___ Yds Val
 ___ PVC
 ___ Lts
 ___ Ceil
 ___ Other

PVC/SS
 Grfx
 Lts/Ceill
 CO
 BR,VW
 Sub-Total

___ Frt. Free

Disc

Frt

TOTAL

Ship To _____
 Address _____
 Address _____
 City, St, Zip _____

Ship By (check one) _____ Payment by _____
 ___ Will Call ___ UPS ___ Truck ___ Del'y. ___ COD ___ Std.

Special Notes or Instructions - on other side or attach separately

Fabric Name & No. _____
 Valance Fabric (if other) _____
 PVC-insert Color _____
 Wrapped PVC-insert Color _____
 Scallop Design _____
 Color Binding _____
 Graphics ___ Yes ___ No (if yes, specify) _____
 Awning/ Frame Complete ___ Yes ___ No _____
 Recover Only ___ Yes ___ No (if yes, supply frame) _____
 Construction Style ___ Economy Welded ___ Back Lit
 ___ EconoLux Welded ___ Knock-Down
 ___ Deluxe Welded ___ Other
 Fabric Attachment ___ Staple ___ Lace-on
 If Back Lit, install ___ Lights ___ Ceiling
 Lacing Cord Color ___ White ___ Black
 Bow & Rafter Style ___ Yes ___ No
 Cut Out (see sketch) ___ Yes ___ No

Lace-on Type (if welded) ___ Std. ___ Other (specify) _____
 Tie Down Bar (if K-D) ___ Yes ___ No (if yes, specify below)
 ___ 2-1/2" (old) ___ 4" (std) ___ other (specify) _____
 Pipe Size ___ 1/2" ___ 3/4" ___ 1" ___ 1" Sq
 # Bows _____ # Spaces _____
 Bow Spacing (incremental, left to right) _____

Valance Weight Pipe (front) ___ Yes ___ No
 Valance Weight Pipe (sides) ___ Yes ___ No
 #555 Track Top ___ Yes ___ No
 Head Rod Top ___ Yes ___ No
 Mounting to ___ wall ___ ceiling

# Inside Arms	Quantity	Drop (2-3)	Proj (3-4)	Roof(2-4)	Width(1-2)	Valance

DO NOT WRITE IN THIS SPACE

