



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

Order Name/No. _____
 Date _____

2015
 Roller
 Awning
 RECOVER
 Order Blank

FOR OFFICE USE ONLY

RLR

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

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

Mfr Date _____

Ship Date _____

___ OC

___ FC

___ GC

___ Yds

___ Yds Val

___ Other

___ Frt. Free

SM,SV,Sc

Grfx

CO, WB

Sub-Total

Disc

Frt

TOTAL

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

Special Notes or Instructions - on other side or attach separately

Fabric Name & No. _____

Valance Fabric (if other) _____

Scallop Design _____

Color Binding _____

Graphics ___ Yes ___ No (if yes, specify)

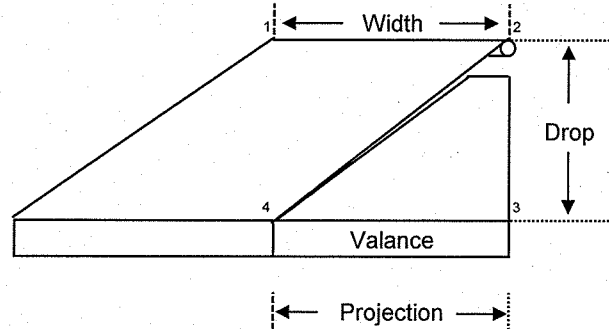
Recover Only **Yes**

Roller Tube Diameter _____

Top Construction ___ Nail-On Top ___ Pocket Top (check one)

Options ___ slant arms ___ slide rods

Cut Out or Wingback ___ Yes ___ No (see sketch)



NOTE: Width = Actual Fabric Width!

Full(F) or No
(No) Wing

Left Right	Quantity	Drop (2-3)	Proj (3-4)	Roof (2-4)	Width(1-2)	Valance

DO NOT WRITE IN THIS SPACE