



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

Order Name/No. _____
 Date _____

2015

**Valance
 Order Blank**

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

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

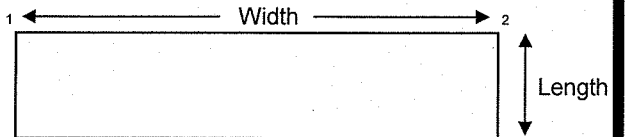
FOR OFFICE USE ONLY		VAL
Mfr Date _____		
Ship Date _____		
_____ OC		
_____ FC		
_____ GC		
_____ Yds	SM,Sc	
_____ Other	Grfx	
	HR,37T	
	VW	
	CO	
	Sub-Total	
	Disc	
_____ Frt. Free	Frt	
	TOTAL	

Valance Fabric Name & No. _____

Valance Only _____

Scallop Design _____
 Color Binding _____

- Graphics Yes No (if yes, specify)
- Valance & Frame Complete Yes No
- Recover Only Yes No
- Head with Oval Grommets Yes No
- #555 Track Top Yes No
- Head Rod Top Yes No
- #37 Head Rod Track Yes No
- HR Mount Orientation wall ceiling other
- HR Mounts to (if complete) wood brick other
- Valance Weight Pipe Yes No
- Cut Out (see sketch) Yes No



Quantity	Width(1-2)	Valance Length

DO NOT WRITE IN THIS SPACE