## SHADES BY ANA

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O F	RDER	FORM	Account #:
Name:		Ship To:	
Address:		Address:	
City:	State / Zip:	City:	State / Zip:
Phone:	Fax:	Phone:	Fax:
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Purchase Order #:		Side Mark:	

ORDERED BY:										DATE NEEDED:			SHIP VIA:				
ROOM	QT.	WIDTH	LENGTH	RET	CO	RD R	CORD LGTH	LIFT SYSTM	INST IN	OUT	STYLE#	STYLE NAME	FABRIC	COL#	TRIM	COL#	LINING
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ST = STANDARD LIFT SYSTEM

**ER = EASY RISE LIFT SYSTEM** 

**HW = HOUSE WHITE LINING** 

HI = HOUSE IVORY LINING

BO = BLACKOUT LINING

**COMMENTS:**