chicology custom

DATE: / /

ORDER FORM

Chicology Inc.
Tel: 626 810 7580 **Email: info@chicology.com**
Fax: 626 810 7570 **Website: www.chicology.com**

Sold To:			
Account No:		Tel:	
Company Name:		Fax:	
Buyer:		Email:	
Address:			

Ship To:			
Account No:		Tel:	
Company Name:		Fax:	
Name:		Email:	
Address:			

PRODUCT STYLE	ITEM NO	TYPE/ MOUNT	TYPE/ MOUNT	CORD POSITION (for roller shade)	OPEN TO (for panel system)	HEM STYLE (for panel)	OPTION AND NOTE	MEASUREMENT WIDTH	MEASUREMENT LENGTH	Q'TY	UNIT PTICE	SUB-TOTAL
		( ) Inside ( ) Outside	( ) Ceiling ( ) Wall	( ) Right ( ) Left	( ) Right ( ) Left ( ) Split	( ) Sealed fabric hem ( ) Aluminum bottom rail						
		( ) Inside ( ) Outside	( ) Ceiling ( ) Wall	( ) Right ( ) Left	( ) Right ( ) Left ( ) Split	( ) Sealed fabric hem ( ) Aluminum bottom rail						
		( ) Inside ( ) Outside	( ) Ceiling ( ) Wall	( ) Right ( ) Left	( ) Right ( ) Left ( ) Split	( ) Sealed fabric hem ( ) Aluminum bottom rail						
		( ) Inside ( ) Outside	( ) Ceiling ( ) Wall	( ) Right ( ) Left	( ) Right ( ) Left ( ) Split	( ) Sealed fabric hem ( ) Aluminum bottom rail						
		( ) Inside ( ) Outside	( ) Ceiling ( ) Wall	( ) Right ( ) Left	( ) Right ( ) Left ( ) Split	( ) Sealed fabric hem ( ) Aluminum bottom rail						

FORM OF PAYMENT:

☐ CHECK/ MONEY ORDER ☐ VISA ☐MasterCard

Please make check payable to Chicology Inc.

Card Number

Expiration Date

Print name as it appears on card

_____

Authorized Cardholder Signature

_____

Special instruction and note:

SUB-TOTAL:

SALES TAX:

HANDLING FEE:

SHIPPING FEE:

TOTAL: