



Corner Window Order Form

Ph. (817) 877- 0583 Fax (817) 877- 4255

Date / /

Page ___ Of ___

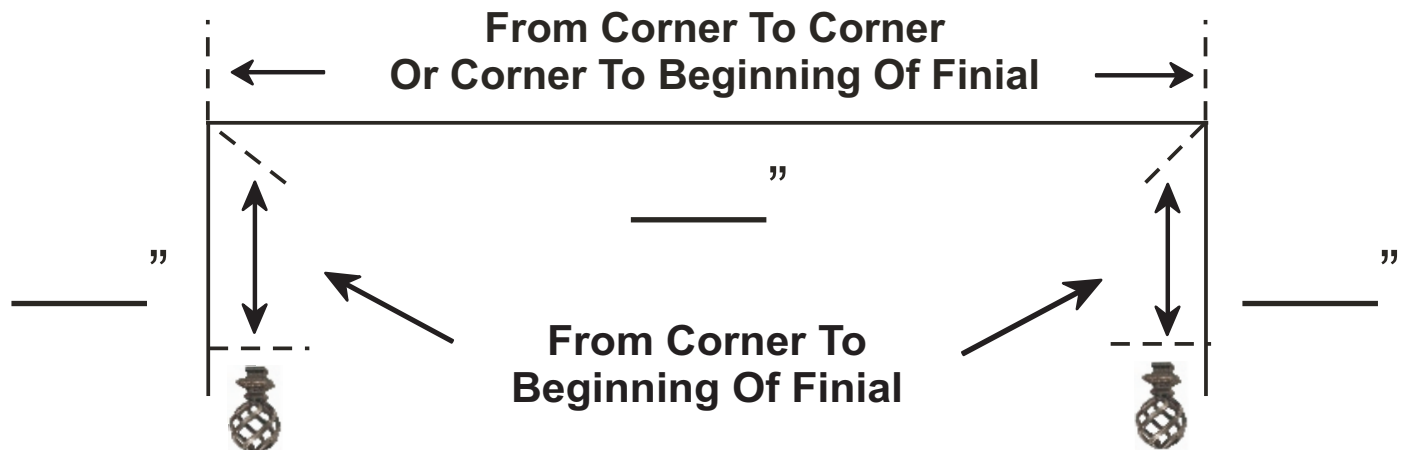
Company _____ Designer / Contact _____
 Address _____ City _____ State _____
 Zip _____ Phone _____ Fax _____ Shipping: Yes No
 Cell# _____ Email _____

Payment Type: Visa - MC	Ship To Address: Residential / Commercial
CC#	
EXP. DATE:	
CIN#: Three Digidit Number One Back Of Credit Card (___ ___ ___)	

Rod # 1 Sidemark - PO# _____

Color Name Or Number	Rod Size	Quantity	Rod Length		Finial #	Finial Qty.	Bracket Style	
							Quantity	
	Ring Style #		Wands	3' 4'	Swag Post - Qty.		Holdback Post Qty.	
	Quantity		Qty.		Medallion #		Finial / Medallion #	

Enter All Measurements In Inches



Notes / Hardware _____