

Drapery Hardware Order Form

ORDER DATE	ACCOUNT #	P.O. #		SIDEMARK			
Account Inf	ormation						
COMPANY NAME							
CONTACT FULL N	AME						
EMAIL			PHONE				
SHIP TO/ATTENTI	ON						
ADDRESS							
CITY			STATE		ZIP		
Drop Ship Address (if different from above)							
NAME OR COMPA	NY		PHONE				
ADDRESS							
CITY			STATE		ZIP		
Order Specifications							

QTY	UNIT OF MEASURE	PRODUCT NO.	COMMENTS