



WYMAN/EMPIRE FABRICS

4150 Florin Perkins Rd
Sacramento, CA 95826

Phone: 916-381-9333 or 800-326-2555 Fax: 916-381-5753

VERTICAL BLIND ORDER FORM

Page __ of __

Date to Production: _____

Projected Ship Date: _____

Work Order Number: _____

Fax Confirmation To: _____

Date: _____ Phone: _____

ACCT #: _____ Sidemark _____

Charge To: _____

Address _____

City _____ State _____ Zip _____

Ship To: _____

Address _____

City _____ State _____ Zip _____

Phone _____

	Room	Qty	Mount IB/OB	Width	Length	Stack	Control L/R	Control Length	Pattern Name	Color Number	Color Name	Headrail Type	INS/ FH	Chain	Valance	Bracket
A																
B																
C																
D																
E																
F																
G																
H																
I																
J																

Special Instructions:

Notes and Key:

OB Measurements=No Deductions IB Factory will deduct 3/8" on width and 1/4" on length w/o valance or 3/8" on length with valance

Stack- Split Stack-SPL Center Stack-C Left Stack-L Right Stack-R Reverse Stack-LR

Headrail Type-Refer to reference Guide for description of each headrail.

INS/FH=Inserted louvers or free hang louvers. For inserts specify Type and Color if needed.

Chain-Specify Chain or Wand Tilt.

Valances-Specify Type and color if applicable.

Bracket- C=Ceiling Clip 3"=3" L Brackets Assembled 4=4" L bracket Assembled E=7" Extender N=No Brackets