



PureSafe Honeycomb Shade Order Form

Email: wymanshutters@gmail.com

Sold To: _____ Ship To: _____

Address: _____ Address: _____

City/State: _____ City/State: _____ ZIP: _____

Phone #: _____ FAX: _____ Phone #: _____

Contact Name: _____

Date	
ACCT #	
P.O. #	
Side Mark	

Shipping Method

Regular Delivery

Will Call

Other: _____

LINE #	Room	Quantity	Order Size		Mount Type		Shade Color	Lift System		Light Guard Color	Shim (Qty)	Line Total (\$)
			Width	Length	IB	OB		Cordless	Cordless TDBU			
2												
3												
4												
5												
6												
7												
8												
9												
10												

TOTAL QTY

SUBTOTAL

Special Instructions:

Approved Signature (required): _____

Grand Total \$: _____

Page _____ of _____