Quote or Special Order Form



Please check if your customer is waiting in the store. Please fax this form and call us for an immediate response, otherwise expect a response within 24-48 hours.

	us for	an in	nmediate	response	e, otherw	ise expe	ct a response within 24-48 hou	ırs.
Store Name:							Contact:	
Date:			Fax #:				Email:	
Phone #:								
Please co	mplete a	all inf	ormation	necessa	ry. Incom	plete inf	ormation will cause delay in q	uote
							ncomplete or misinformation.	
Hardback		Softk	ack 🔲					
Quantity:		Shape:					Style #:	
If	this is a	stan	dard Morl	lee shade	e, only th	e botton	n measurement is needed.	
Size	Top:		Bottom:		Height:		On Slant Ver	tical
Fabric	Name:			Color:				
Trim (If not Standard)			Name:			Color:		
Treatment	t:							
Lining (C	repe W	hite i	s standa	rd):				
If this is a custom or modified frame please complete the following:								
Fitter:					Recess:			
Ribs:	#		Curved		Straight		Modification:	
Special In	structio	ns:						
	Office U	Jse or	nly					
	Approval:					Confirm	nation #:	
	In House:					Price:		