

SALESPERSON:

SOURCE:



4250 Dow Road, Unit 308 • Melbourne, FL 32934 • (321) 428-5151

INVOICE DATE:

P.O. NO.:

W.O. NO.:

S
O
L
D

T
O

NAME: _____

ADDRESS: _____

CITY: _____ SUB. DIV.: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

| PATTERN | COLOR | WIDTH | HEIGHT | O/W | C/S | OB/IB | ROOM | COLOR | SLATS |
|---------|-------|-------|--------|-----|-----|-------|------|-------|-------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |

PLEASE READ

Sub-Total: _____

Sales Tax (): _____

Total: _____

Deposit: _____

C.O.D. Amount: _____

1. Customer's own measurements: A. Customer is responsible for all sizes on this invoice. 2. Customer Pick-Ups: A. Customer must return to our location with any problems. B. Customer must pick-up repaired merchandise at our location. 3. A. Customer to remove old window treatments or other obstacles prior to installation. B. Any previous arrangements must be noted on this order. 4. Some types of window treatments will not provide a tight close and thus will have light gapping. (i.e. fabric verticals, shutters, horizontal blinds, butting blinds (may even have a slight view into the room from certain angles), etc.) 7. No specific time of day can be promised for delivery. It is the policy of The Blind and Shutter Company, LLC to deliver/install all products in a timely manner. Unfortunately, we are dependent upon suppliers to help us meet anticipated delivery dates. Delivery date estimates are subject to revision due to the above factor. Merchandise is special ordered, made and designed according to the Buyer's specifications and therefore, The Blind and Shutter Company, LLC will not accept cancellations once goods have been ordered. Usually about three days. If it becomes necessary for The Blind and Shutter Company, LLC to collect all or any portion of the monies due, under this agreement, the Buyer shall pay interest, all costs and expenses of collection including attorneys' fees whether or not suit is brought.

BE SURE YOU HAVE READ AND UNDERSTAND THE ABOVE SPECIFICATIONS. THIS IS A CUSTOM ORDER AND IS NOT SUBJECT TO CANCELLATION.

Buyer's Signature: _____ Date: _____

☐ INSTALL ☐ PICK-UP ☐ DELIVER ☐ SHIP ☐ CUSTOMER MEASUREMENTS ☐ TAKE DOWNS

YES

SPECIAL INSTRUCTIONS

METAL

PLASTER

CONCRETE

IN DROP CEILING

LADDER SIZE

DIRECTIONS

OFFICE USE ONLY

INSTALLED BY:

DATE:

DEPOSIT PD CHECK #:

BALANCE PD CHECK #: