NorthernBlinds.com

#1 - 2745 Bridge Street, Victoria B.C Canada V8T 4T1
www.northernblinds.com
TOLL FREE ORDER LINE 1-877-861-5023
TOLL FREE FAX 1-877-861-5021

INSTRUCTIONS *Please complete this order form with one blind on each line. In the case of options that have a value other than zero, please list them in the OPTIONS column for that product. These options include top down/bottom up and easy lifting systems.*

CUSTOMER INFO

NAME_____
ADDRESS_____
CITY_____ PROV/STATE_____ POSTAL/ZIP_____
HOME TEL_____
WORK TEL_____
EMAIL_____
(WILL REMAIN CONFIDENTIAL)

SHIP TO (IF DIFFERENT)

NAME_____
ADDRESS_____
CITY_____ PROV/STATE_____ POSTAL/ZIP_____
HOME TEL_____
WORK TEL_____
EMAIL_____
(WILL REMAIN CONFIDENTIAL)

	PRODUCT	QTY	COLOUR NAME	COLOUR #	CLOTH TAPE COLOUR	TYPE MOUNT	WIDTH	HEIGHT	CONTROLS TILT	CONTROLS LIFT	VERTICALS STACK	VERTICALS VALANCE	OPTIONS	TOTAL COST
1						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
2						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
3						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
4						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
5						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
6						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
7						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
8						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
9						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		
10						INSIDE OUTSIDE			LEFT RIGHT	LEFT RIGHT	SPLIT LEFT RIGHT	YES		

PAYMENT AND ACKNOWLEDGEMENT

DATE _____ ❑ CHEQUE ENCLOSED

❑ MASTERCARD (16 Digits) ❑ VISA (16 Digits)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

EXPIRATION DATE: MONTH _____ YEAR _____

All of the measurements have been checked for accuracy and the width and height have not been reversed. I understand that these measurements will be used to make custom window coverings and are not returnable except for warranty repair. In the event that this document is a facsimile, this will be used as an original.

CUSTOMER SIGNATURE _____ ORDER DATE _____

NO CHARGE OPTIONS ORDERED WITH EACH PRODUCT

Check the appropriate box if option is required.
Line numbers correspond to product name number above.

	EXTENSION BRACKETS	SPACER BLOCKS	HOLD DOWN BRACKETS	BOTTOM CHAINS (VERTICALS ONLY)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SUBTOTAL

7% GST SALES TAX
Canadian Residents Only

7% PST SALES TAX
B.C. Residents Only

SHIPPING

TOTAL
SUBTOTAL
PLUS SALES TAX
PLUS SHIPPING

FOR OFFICE USE ONLY

PO _____ DATE _____
AUTH _____