



Date ___/___/___

Request for Quotation

P.O. No. _____ Credit Card No. _____ Exp. ___/___/___ CID _____

Bill To: _____ **Ship To:** _____ **Phone No.** _____

Qty	Size		Slat		Control Position (L/R)		Special Length Controls		Bracket		Standard Valance		Comments
	Width	Length	Color No.	Color Name	Tilt	Lift	Wand	Cord	Hold Down	Box Brackets	Yes	No	