

Wood Specialty Shutter Order Form

CUSTOMER INFORMATION		SHIP TO	Shipping Methods	
Company: _____		Company: _____	<input type="radio"/> Residential	<input type="radio"/> Regular Via Ground
Account ID: _____		Address Line 1 _____	<input type="radio"/> Commercial	<input type="radio"/> Expedite via Ground
Contact _____		Address Line 2 _____	<input type="radio"/> Express	<input type="radio"/> Will Call
P.O. Number: _____	Order Date _____	City / State _____	Zip: _____	
Sidemark: _____		Telephone: _____	Fax: _____	Installer: _____

1 Line #	2 Room	2 Window		3 Color Code/ Name	4 Hinge	5 Louver	6 Frame	7 Mount		8 Frame	9 No. of	10 Sill	11 Sill	12 Shutter				13 Panel	
		Type	Line #					Color	Size					Type	IM	OM	Extension		Sides
1																			
2																			
3																			
4																			
5																			

1 Line #	14 Stile		15 T Post		15 Width		15 Extension		16 Tilt Rod		17 Split		17 Divider Rail Location		18 (C) Left Side Leg	18 (B) Middle Leg	18 (D) Right Leg	19 Specialty Shapes		20 Qty	Surcharge	Subtotal	Total
	Type	Default	Qty	Location	Standard or 2"	Standard/ Custom	Standard/ Hidden Tilt/ Offset	Equally/ Specify	Center	Other (specify)	Type	Template											
1																							
2																							
3																							
4																							
5																							

Special Instructions:

Subtotal

Sales Tax (CA Merchant)

Grand Total