



SOLUNA™ ROLLER SHADE ORDER FORM

Date	
Account ID	
PO#	
Side Mark	

Sold To: _____

Address: _____

City/State: _____ **ZIP:** _____

Customer Name: _____

Ship To: _____

Address: _____

Phone #: _____

Fax#: _____

Shipping Method

Regular Delivery

Will Call

Other: _____

Line	Room Location	Qty	Order Size		Mount Type		Fabric Type (specify fabric name & openness %)	Fabric Color Code/Name	Fabric Roll (Standard or Reverse)	Clutch (Standard, Rollease, or Galaxy)	Cordless	Spring Assist (Circle One)*		Chain Type (S=Standard U=Stainless Steel)		Motorized (Circle One)		Motor Type (Specify Model #)	Remote Control Type & Qty (1 or 5 channels)	Shade Type (Single, Dual, Coupled)	For Dual Shade only, specify bracket type	Control location (Default: Right)	Fascia/Cassette/Pocket/Blockout System**	Hem Bar Type (S=Standard U=External)		Line Total (\$)		
			Width	Length	IB	OB						Y	N	S	U	Y	N							S	U			
1												Y	N	S	U	Y	N				V	H	45°			S	U	
2												Y	N	S	U	Y	N				V	H	45°			S	U	
3												Y	N	S	U	Y	N				V	H	45°			S	U	
4												Y	N	S	U	Y	N				V	H	45°			S	U	
5												Y	N	S	U	Y	N				V	H	45°			S	U	
6												Y	N	S	U	Y	N				V	H	45°			S	U	
7												Y	N	S	U	Y	N				V	H	45°			S	U	
8												Y	N	S	U	Y	N				V	H	45°			S	U	
9												Y	N	S	U	Y	N				V	H	45°			S	U	
10												Y	N	S	U	Y	N				V	H	45°			S	U	
TOTAL QTY																							SUB TOTAL					

Special Instructions:

*Spring-assist is recommended for manual shade wider than 60". **Please specify color when you choose "Pocket" or "Blockout". Colors: white or anodized
NOTE: Top treatment size is determined by the manufacturer's specifications. To match top treatment sizes, please make notes in Special Instructions. Additional charge may apply.

Approval Signature (required): _____

GRAND TOTAL \$: _____

Standard freight handling fee: \$2.5 per shade; \$10 min/\$25 max per order
Oversize surcharge is \$70 per order for widths from 96" to 125" and \$150 per order for widths over 125".