

PATIO BLINDS ORDER FORM ~ BERKI SUN CONTROL

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Date: _____
Customer Name: _____
Address: _____
Phone: _____
E-mail: _____

Qty	Fabric	Width	Drop	Angle Cut	Flip Valance	Cord Lock	Mounting Boards	Mount	Tie Downs (# and size)	Cost
						R L		C W		
						R L		C W		
						R L		C W		
						R L		C W		

Right or Left

Ceiling or Wall

Rope Pull
 Chain Pull
 Hand Crank

<p style="font-weight: bold; margin-bottom: 10px;">SPECIAL INSTRUCTIONS</p>
