

Invoice # _____

Custom Blind Order Form

Page ____ of ____

Date: _____

Customer's Own Measurements

the blind alley

Customer Name: _____

Phone (Home): _____

14102 NE 21st St, Bellevue, 98007

(425) 644-7181

Address / PO Box: _____

Phone (Cell/Work): _____

1(800) 642-5176

City, State, Zip: _____

Salesperson: _____

FAX (425) 644-2836

www.blindalley.com

LINE	ROOM	QTY	PRODUCT	COLOR NAME & NUMBER	WIDTH ↔	HEIGHT ↕	WINDOW DEPTH	*INSIDE MOUNT	OUTSIDE MOUNT	TILT SIDE	LIFT SIDE	SPLIT OR 1-WAY	CORD TILT? Y/N	CONTROL LENGTH	NOTES
A															
B															
C															
D															
E															
F															
G															
H															
I															
J															

Special Instructions:

I understand that I am fully responsible for the size (width & height), color, tilt and lift position, and mounting position (inside mount, outside mount), of the blinds I am ordering. I will not hold **the blind alley, inc.** responsible for any blind I order as long as it is to the specifications I requested as per allowances taken by the factory.

CUSTOMER'S SIGNATURE _____

*On inside mount, deductions on width/height will automatically be made by the factory. Do not deduct yourself. Provide actual window sizes only.