



AWNING ORDER FORM

PROPOSAL DATE _____

BILL TO:

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ CELL _____
 EMAIL _____

SHIP TO:

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ CELL _____
 EMAIL _____

QTY.	TYPE OF AWNING	MEASUREMENTS	BRACKET	ADDT. GEAR	CRANK HANDLE	FRAME	AWNING PRICE	HOOD	MOTOR	SWITCH	REMOTE WIND SENSOR	MANUAL OVERRIDE	TOTAL PRICE
NUMBER	NAME	DESCRIPTION	WIDTH	PROJECTION	BRKT	SIZE	\$	\$	\$		\$	\$	\$
					Roof <input type="checkbox"/>				Left <input type="checkbox"/>				
					Wall <input type="checkbox"/>				Right <input type="checkbox"/>				
					Ceiling/Overhang <input type="checkbox"/>				Left <input type="checkbox"/>				
					Roof <input type="checkbox"/>				Left <input type="checkbox"/>				
					Wall <input type="checkbox"/>				Right <input type="checkbox"/>				
					Ceiling/Overhang <input type="checkbox"/>				Right <input type="checkbox"/>				
					Roof <input type="checkbox"/>				Left <input type="checkbox"/>				
					Wall <input type="checkbox"/>				Right <input type="checkbox"/>				
					Ceiling/Overhang <input type="checkbox"/>				Right <input type="checkbox"/>				
					Roof <input type="checkbox"/>				Left <input type="checkbox"/>				
					Wall <input type="checkbox"/>				Right <input type="checkbox"/>				
					Ceiling/Overhang <input type="checkbox"/>				Right <input type="checkbox"/>				
					Roof <input type="checkbox"/>				Left <input type="checkbox"/>				
					Wall <input type="checkbox"/>				Right <input type="checkbox"/>				
					Ceiling/Overhang <input type="checkbox"/>				Right <input type="checkbox"/>				

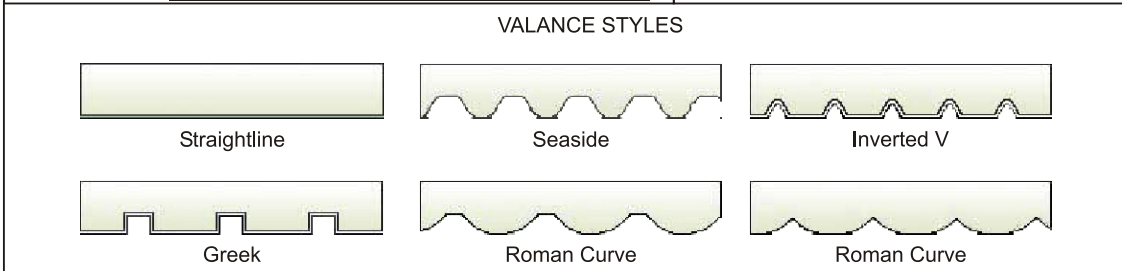
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COMMENTS _____

Subtotal	\$
Sales Tax	\$
Shipping	\$
Total	\$
Deposit	\$
Balance Due	\$

FABRIC	VALANCE SPECIFICATIONS
FABRIC # _____	Valance Style : _____
FABRIC NAME _____	Select Below
FABRIC BRAND _____	Binding Color : _____ Other: _____

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 United States of America
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 1-866-123-4567
 or
 (305) 123-4567
 Email:
 sales@BudgetAwnings.com



PAYMENT INFORMATION

CASH CHECK CREDIT CARD

CVV # _____

Check or Credit Card _____

Auth # _____ Exp. Date _____

PAYMENT IN FULL REQUIRED WITH ORDER

SHIPPING INFORMATION SALES INFORMATION

SHIPPING <input type="checkbox"/> YES <input type="checkbox"/> NO VIA _____	SALES REPRESENTATIVE SIGNATURE _____ DATE _____	CUSTOMER'S SIGNATURE OR AUTHORIZED BUYER'S ACCEPTANCE DATE ACCEPTED _____
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CUSTOMER

