1” HORIZONTAL ALUMINUM ORDER FORM

Customer Service 800-552-527 • Fax 866-926-5836

Customer Information				**Ship to Address:** ☐ Residental ☐ Commercial	
Account #:	**Company Name:**			**Company Name:**	
Order Date:	**Street:**			**Attn:**	
Ordered by:	**City:**			**Street:**	
P.O.#;	**State:**	**Zip Code:**		**City**	
Side Mark:	**Telephone #:**	**Fax:**		**State**	**Zip Code:**
Email:				**Add $6 Per Blind for Handling** **$15 minimum charge for orders with only one blind**	

Product: (Circle One) ☐ Spectrum 8 ☐ Spectrum 6 ☐ Summit 8 ☐ Summit 6 ☐ Catalina 8 ☐ Catalina 6 ☐ Malibu 8 ☐ Malibu 6 ☐ Kingsport 6

Qty	i.b. or o.b	Width	Length	Color#	Color Name	Wand Std Lt	Lift Std Rt	Valance Yes/No	Return Yes/No	Return Length	Holddown Yes/No	Room

Special Instructions:

CACO, INC.
WINDOW FASHIONS