

Drapery Hardware Order Form

ORDER DATE	ACCOUNT #	P.O. #	9	SIDEMARK				
Account Information								
COMPANY NAME								
CONTACT FULL N	IAME							
EMAIL			PHONE					
SHIP TO/ATTENT	ION							
ADDRESS								
CITY			STATE	:	ZIP			
Drop Ship Address (if different from above)								
NAME OR COMPA	NY		PHONE					
ADDRESS								
CITY			STATE		ZIP			
Order Specifications								

QTY	UNIT OF MEASURE	PRODUCT NO.	COMMENTS