

Order Date	Account #	P.O. #	Sidemark	Company Name	Contact Name
Ship To/Attention	Phone	Address		City	State Zip

Quantity _____ Product Number _____ Length (inches) _____ Splicing Rods over 8' can be spliced. Please indicate location of preferred splice. _____

Cord Length & Return Size	Draw Preference	Bend Style	Mount	Extra Parts	Measurements	Degree of Bend	Wall/Rod Measurement
Cord <i>in inches</i> _____	One-Way Draw Stack Left	1.Recess 4.Corner	Wall	Carriers _____	A _____ E _____	AB _____	Wall _____
Return <i>in inches</i> _____	One-Way Draw Stack Right	2.Bow 5.Curved	Ceiling	Brackets _____	B _____ F _____	BC _____	Rod _____
	Two-Way Draw Control Left	3.Bay			C _____ G _____	CD _____	
	Two-Way Draw Control Right				D _____	DE _____	

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