



# OceanSide

## Measure Request

SideMark:

Order Date: \_\_\_\_\_

Dealer: \_\_\_\_\_

Dealer Phone #: \_\_\_\_\_

| #  | ROOM | WIDTH | HEIGHT | IM/OM | FRAME TYPE | FOLD/ HINGING (L/R) | D-RAIL LOCATION | SPLIT-ROD LOCATION | ARCH (Y/N) | ARCH TYPE | DOOR CUT-OUT (SQUARE/ROUND) |
|----|------|-------|--------|-------|------------|---------------------|-----------------|--------------------|------------|-----------|-----------------------------|
| 1  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 2  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 3  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 4  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 5  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 6  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 7  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 8  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 9  |      |       |        |       |            |                     |                 |                    |            |           |                             |
| 10 |      |       |        |       |            |                     |                 |                    |            |           |                             |

| ORDER TYPE |           |          |                      | MEASURE & INSTALL |             |               |                 |                  |           |            |              |            |                                      | PAYMENT TYPE                     |      |       |             |     |
|------------|-----------|----------|----------------------|-------------------|-------------|---------------|-----------------|------------------|-----------|------------|--------------|------------|--------------------------------------|----------------------------------|------|-------|-------------|-----|
| M & I      | WILL CALL | DELIVERY | PACKAGE FOR SHIPPING | DIRECT MOUNT      | TALL LADDER | BLIND REMOVAL | SHUTTER REMOVAL | MOVING FURNITURE | HIGH RISE | TEMP SHADE | TILE INSTALL | BAY WINDOW | M & I or INSTALL ONLY (50-100 Miles) | DRAPERY REMOVAL \$100 (Per Unit) | CASH | CHECK | CREDIT CARD | ACH |
|            |           |          |                      |                   |             |               |                 |                  |           |            |              |            |                                      |                                  |      |       |             |     |

| OCEANSIDE COLORS |              |             |            |           |
|------------------|--------------|-------------|------------|-----------|
| Ultra White      | Bright White | Pearl White | Dull White | Off White |

| HINGE COLOR |     |     |     |     |     |     | TILT CONTROL |             | LOUVER SIZE |        |        |
|-------------|-----|-----|-----|-----|-----|-----|--------------|-------------|-------------|--------|--------|
| BRI         | DUL | OFF | NIC | BBS | ABS | OLB | TILT ROD     | HIDDEN TILT | 2-1/2"      | 3-1/2" | 4-1/2" |
|             |     |     |     |     |     |     |              |             |             |        |        |

| SPECIAL INSTRUCTIONS | CUSTOMER INFORMATION         | DEALER REP                |
|----------------------|------------------------------|---------------------------|
|                      | Customer Name: _____         | DEALER REP: _____         |
|                      | Customer Address: _____      | DEALER REP PHONE #: _____ |
|                      | CITY, STATE ZIP: _____       |                           |
|                      | Customer Phone Number: _____ |                           |

\*\*\*Please fill out all information: Incomplete order forms will be sent back asking for the info to be filled in.\*\*\*