



BTX Window Automation, Inc.
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Drapery Order Form

Sold To:

Business Name: _____

Address: _____

City / State/ Zip: _____

Contact Name: _____
First Last

Phone #: _____ Fax #: _____

Email: _____

Ship To:

Business Name: _____

Address: _____

City / State/ Zip: _____

Contact Name: _____
First Last

Phone #: _____ Fax #: _____

Email: _____

Date of order: _____

Account #: _____

P.O.#: _____

Sidemark: _____

Requested ship date: _____

Special Shipping
 Directions: _____

Order Detail

| Item # | Room | Qty | Motor Type | Width (Inches) | Tandem | Headrail Color | Motor Side | Stack | Mount Location | Curved* | If Curved: Number of Bends | Carrier Type | Carrier Count | Bracket | Overlap | Splice |
|--------|------|-----|------------|----------------|--------|----------------|------------|-------|----------------|---------|----------------------------|--------------|---------------|---------|---------|--------|
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | |

Special Instruction

Controls:

In the space provided, please list the part number(s) for the control option(s) you desire. Please refer to the Price Guide for a list of available controls**.

*For curved tracks, BTX requires a template be provided.

**Given the nature of custom motorization products, control options and compatibility varies dramatically. If you would like further assistance with control options, simply leave a message in our "Controls" field stating your request for further information and one of our customer service specialists will contact you upon the submission of your order.

