BERKELY DISTRIBUTION

Page: ____ of ____ pages

Company:	
Acct Number:	
P.O. Number:	
Sidemark:	
Date:	

Client Name:	
Address:	
Address 2:	
City, State, Zip	
Phone:	
Email:	

Roller Shade Order Form

Line	Qty	Room Loc	Product	Width	Length	Mount	Pattern and Color	Valance	Spec Rtn Sz Box Val Only	Operation
1										
2										
3										
4										
5										
6										
7										
8										

Qty	
	Single Channel Remote
	Multi Channel Remote
	Single Wall Switch

Qty	
	Multi Wall Switch
	USB Wand Motor Charger
	Pro Hub

Qty	
	Remote Motor Charger - 10' Cable
	Remote Motor Charger - 16' Cable
	External Lithium Ion Battery Pack

Order Notes: