

Designers Wholesale Workroom

Panel Track - Order / Quote Request (please circle one)

Account Name: _____	Date: _____	Ship to: _____
Account Number: _____	Contact: _____	Address: _____
PO #: _____	Fax #: _____	City/State/Zip: _____
Sidemark: _____	Phone #: _____	Contact Phone: _____
<p>Circle One: Deliver / Install / Customer Pick Up</p> <p>Special Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Qty	Room	Style #	Color #	Measurements in		Ctrl	Operation <small>(Split Draw / One Way)</small>	Mount	# of Panels	Connected?	Mechanism	Valance
				Width	Length							
						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No

Special Instructions: _____

						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No
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Special Instructions: _____

						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No
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Special Instructions: _____

						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No
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Special Instructions: _____

						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No
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Special Instructions: _____

						L / R	SD / OW	IM / OM		Yes / No	Cord / Baton / Hand	Yes / No
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Special Instructions: _____