

TEXTON

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TEXTON.COM

Work Order #: _____

Dealer Name: _____

Account #: _____

Contact Person: _____

Dealer Phone: _____

Measured By: _____

Date: _____ Page ____ of ____ Pages

Delivery Info: ☐ Residential ☐ Commercial ☐ High Rise

☐ Install ☐ Will Call ☐ Ship

Name: _____

Address: _____

City, State, Zip: _____

Line	Product	Qty	Color or Finish	*	Width	Length Window Height	Bkts		Cloth, BB	Tilt/1way		Lift/Split		Ctrl Length	Hold Downs	Val		Room Location	Take Down	
							I	O		L	R	L	R			Y	N		Y	N
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

* Special Instructions

☐ Tall Ladder @ _____

☐ 2-Man Job

OM Roller Shades and Window Shadings must choose (C) Cloth or (BB) Brack to Bracket