



**ONTHANK CO.**  
Your Interior Products Headquarters

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# Kirsch Roman Shades Order Form

For Office Use Only

Reference #

Rev. 2009-08 AL

## Bill To

\* denotes a required field

|               |        |      |  |  |
|---------------|--------|------|--|--|
| *Account #    |        |      |  |  |
| *Company Name |        |      |  |  |
| *Address      |        |      |  |  |
| *City         | *State | *Zip |  |  |
| *Contact Name |        |      |  |  |
| *Phone        |        |      |  |  |
| Fax           |        |      |  |  |
| *Email        |        |      |  |  |

## Ship To

|                |        |      |  |  |
|----------------|--------|------|--|--|
| *Customer Name |        |      |  |  |
| *Phone         |        |      |  |  |
| *Address       |        |      |  |  |
| *City          | *State | *Zip |  |  |
| Contact Name   |        |      |  |  |
| Contact Phone  |        |      |  |  |
| *Sidemark      |        |      |  |  |

Fax this completed form to (800) 298-6270

|                                  |         |  |
|----------------------------------|---------|--|
| *Date                            |         |  |
| * <input type="checkbox"/> Quote | Quote # |  |
| * <input type="checkbox"/> Order | PO #    |  |

(check one)



## Item Details

|        | Room | Qty | Measurement |        | Mount<br><i>Inside or Outside</i> | Control<br><i>Right or Left</i> | Style | Color | Fabric Valance | Miscellaneous/Comments |
|--------|------|-----|-------------|--------|-----------------------------------|---------------------------------|-------|-------|----------------|------------------------|
|        |      |     | Width       | Height |                                   |                                 |       |       |                |                        |
| Line 1 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 2 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 3 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 4 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 5 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 6 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 7 |      |     |             |        |                                   |                                 |       |       |                |                        |
| Line 8 |      |     |             |        |                                   |                                 |       |       |                |                        |

### Special Instructions:

| Specialty Options                         |  |
|---|--|
| <input type="checkbox"/> 2-on-1 Head Rail | <input type="checkbox"/> Continuous Cordloop         |
| <input type="checkbox"/> Decorative Hem   | <input type="checkbox"/> Top Down/Bottom Up          |
| <input type="checkbox"/> Cordless         | <input type="checkbox"/> Cordless Top Down/Bottom Up |

### Dealer Signature for Approval

(By signing this, you have verified the above order is complete and accurate, and authorize Onthank Company to place this order immediately.)

I verify that the above order is complete and accurate.

\_\_\_\_\_  
Sign your full name here

**NOTE: ALL ORDERS ARE CUSTOM. THEY CAN NOT BE CANCELLED. PLEASE REVIEW YOUR ORDER CAREFULLY. PLEASE CALL CUSTOMER SERVICE WITH ANY QUESTIONS.**