



DEALER ORDER FORM

Job Name

COMPANY _____ CUST# _____

NAME _____

SHIP TO (IF DIFFERENT) _____

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

FAX: _____

TELEPHONE _____

AWNING FRAME

AWNING STYLE: <i>Self-pitch limited to 2-arm awning</i> <input type="checkbox"/> Self Pitch <input type="checkbox"/> Standard	FRAME WIDTH:
GEAR SIDE <i>(when facing front of awning):</i> <input type="checkbox"/> Left <input type="checkbox"/> Right	HOOD COVER: <input type="checkbox"/> Yes <input type="checkbox"/> No
FRAME PROJECTION: <input type="checkbox"/> 3'3" <input type="checkbox"/> 5' <input type="checkbox"/> 6'6" <input type="checkbox"/> 8'2" <input type="checkbox"/> 9'10" <input type="checkbox"/> 11'6" <input type="checkbox"/> 13'1"	

AWNING FABRIC *If ordering frame only, skip this section*

<input type="checkbox"/> Complete awning with fabric <input type="checkbox"/> Fabric Only (not sewn)	YDS. QUANTITY
<input type="checkbox"/> Sunbrella <input type="checkbox"/> Dickson <input type="checkbox"/> Other _____ Style #: _____	

VALANCE STYLE:	<input type="checkbox"/> Style 001 <input type="checkbox"/> Style 004 <input type="checkbox"/> Style 002 <input type="checkbox"/> Style 006 <input type="checkbox"/> Style 003 <input type="checkbox"/> Style 007
BRAID COLOR:	
VALANCE LENGTH: <input type="checkbox"/> 8" <input type="checkbox"/> 10" <input type="checkbox"/> 12" <input type="checkbox"/> OTHER _____	

HARDWARE

EXTRA BRACKETS:
Standard brackets are included with the awning. Hood/Soffit mount brackets are included in orders with hood cover only. If you need a different configuration or additional brackets please indicate:

Standard QUANTITY <input type="text"/>	Hood/Soffit Mount QUANTITY <input type="text"/>	Roof Mount QUANTITY <input type="text"/>
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HANDLE LENGTH: <input type="checkbox"/> 4'7" <input type="checkbox"/> 5'3" <input type="checkbox"/> 5'10" <input type="checkbox"/> 6'6" <input type="checkbox"/> 7'10" <input type="checkbox"/> 8'6" <input type="checkbox"/> 9'10"	HANDLE FINISH: <input type="checkbox"/> White <input type="checkbox"/> Chrome
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Comments/Special Instructions _____

SOMFY MOTORS SOMFY

Manual Override Motor

SWITCH: *(Paddle switch is standard & included):*
 Paddle Toggle Rocker

RTS Manual Override Motor

TRANSMITTER:
 1 Channel 4 Channel

SOMFY® SENSORS

Auto Sun & Wind Control
 Auto Wind Control

TRANSMITTER:
 1 Channel 4 Channel

Please contact your sales rep for additional options available

MOTION CONTROL MOTORS MotionCo

Manual Override Motor

SWITCH: *(Paddle switch is standard & included):*
 Paddle Toggle Rocker

Remote System
 Remote & Wind Control System
 Wind Control System

TRANSMITTER: *(Choose how many channels)*
 1 2 3 4 5 6

Please complete and sign (signature required) **X** _____ Date _____

Fax Toll Free to 1.888.399.3375



BROOKLYN
 110 Emerson Place, Brooklyn, NY 11205
 718.399.3333 • Fax: 888.399.3375

FARMINGDALE
 43 Engineers Lane, Farmingdale, NY 11735
 631.420.4400 • Fax: 888.399.3375

FOR S&F INTERNAL USE	SO# _____
_____	_____
_____	_____