RERAIR ORDER FORM

Order Date:_____

Print and Mail form to:

Venetian Blind Repair Shop
Attn:Repair
1704 E 29th ST.
Vancouver, WA 89663

SHIP TO INFORMATION

Name:

Street Address:

City, State, Zip Code

Phone #:

Qty	Description	Unit Price	Line Total
		Subtotal	
		Sales Tax (WA Residents add 8.2 % to Subtotal	
		Your package will be sent via first class mail or UPS (depending on the size of the order and the destination) and you can expect delivery in 7 or 10 Business days. All repair prices are per shade/blind...all shipping costs are per box (Note: Return shipping cost to be determined when your items are ready to ship to you)	

Payment Method (Circle One)				
	MasterCard	Check/Money Order	VISA	
Name on Card:				
Credit Card Number:				
Expiration Date:			CVC # (3 digit number on back of card on signature line):	
Full Billing Address as it appears on Credit Card Statement:				
			Shipping (Contact Venetian Blind Repair Shop for Applicable shipping charges)	
			Order Total	

Make all checks payable to **Venetian Blind Repair Shop**

Venetian Blind Repair Shop, 1704 E 29th ST., Vancouver, WA Office Phone/Fax 360-696-8308
Email: ed@shaderepair.com

Thank you for your business!