



# Venetian Blind Repair Shop

## Printable Order Form

Print and Mail to: Venetian Blind Repair Shop – Attn: Order Desk 1704 E 29<sup>th</sup> St.,  
Vancouver, WA 98663

Fax to us at: 1-360-696-8308

[www.shaderepairparts.com](http://www.shaderepairparts.com)

Mailing Information (*Required to process order)	
Name *	
Address *	
Address 2	
City, State, Zip Code *	
Phone *	
Email Address	

Order Form				
Qty	Stock #	Description/Color/Other	Price Each	Amount
Sub-Total				
Other				
Sales Tax (Washington Residents Only) Multiply Sub-Total by 7.7				
Enter Shipping Charge from Shipping Chart				
Order Total				

Shipping Chart
Sub-Total \$50 or less.....Add \$2.25
Sub-Total Over \$50 and Less Than \$100 ..... .....Add 8.95
Sub-Total \$100 or more.....Add 14.95

Payment Method (Circle one and enter relevant information)				
Visa	MasterCard	Discover	American Express	Check / Money Order
Name on Credit Card				
Credit Card or Check Number				
Exp. Date		CVC # (3 digit number on back of card on signature line)		

Billing Information – REQUIRED IF YOUR BILLING ADDRESS IS DIFFERENT THAN YOUR MAILING ADDRESS	
Name	
Address	
City, State, Zip Code	