



tel. 214.388.8550
toll free 1.888.223.2989
www.heritageblinds.com

Remake Order Form

BILL TO/SHIP TO

Bill To: _____ Date: _____

Address: _____ Customer Name: _____

City, State, Zip: _____ Sidemark: _____

Tel: () _____ Work Order Number: _____

Fax: () _____ Line Number: _____

Issue: _____

Action: _____

For Office Use Only:

No Charge Yes No Explain: _____

Invoice Amount (if applicable): _____

Handled By: _____