



Parts Order Form

Today's Date: _____

Qty	SKU	Description	Unit Price	Line Total

Subtotal	_____
Sales Tax (TX Residents add 8.25%)	_____
Shipping	_____
Order Total	_____

PAYMENT

Type (Circle One): VISA Mastercard Check/Money Order
Name on Card: _____
Credit Card Number: _____
Expiration Date: _____
CVC# (3 digit number on back of card): _____

BILLING ADDRESS

Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone: _____
Email: _____

SHIPPING ADDRESS (If different from billing address)

Type (Circle One): Commercial Residential
Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone: _____

Print and mail with check payable to Blindsaver to:

BlindSaver ATX 6425 South IH35, Suite 150-261 Austin, TX 78744

Thank you for your business!

Phone: 512-220-9700 Fax: 512-402-5519
Email: Sales@BlindSaverATX.com