



## 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 105-261    Austin, TX 78744

***Thank you for your business!***

Phone: 512-220-9700    Fax: 512-402-5519

Email: [Sales@BlindSaverATX.com](mailto:Sales@BlindSaverATX.com)