



Repair Order Form

Today's Date: _____
Products to be Repaired: _____
Brand Name: _____
Purchase Type (Circle One): Custom-Built Ready-Made
Year Purchased: _____
Quantity: _____
Description of Problem: _____

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: _____

INSURANCE

Insure My Blinds For: \$ _____

BlindSaver ATX will insure package for \$100.00 maximum if nothing noted. Customer responsible for any additional insurance, oversized handling and rural fees that are required.

Print and mail with check payable to Blindsaver to:

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

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