



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:

BlindSaverATX 7421 Burnet Rd., Suite 300 Austin, TX 78757

Thank you for your business!

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

Email: Sales@BlindSaverATX.com