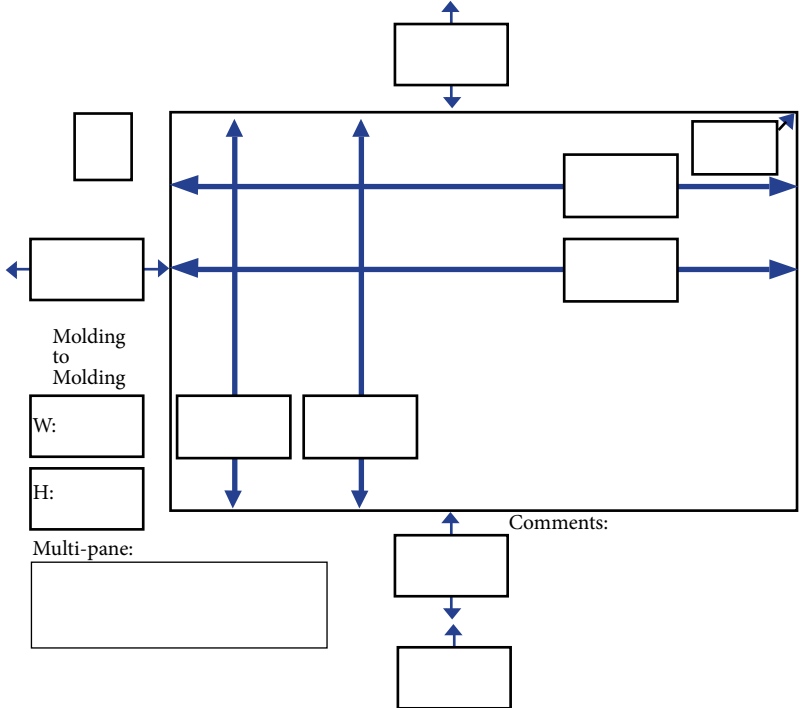
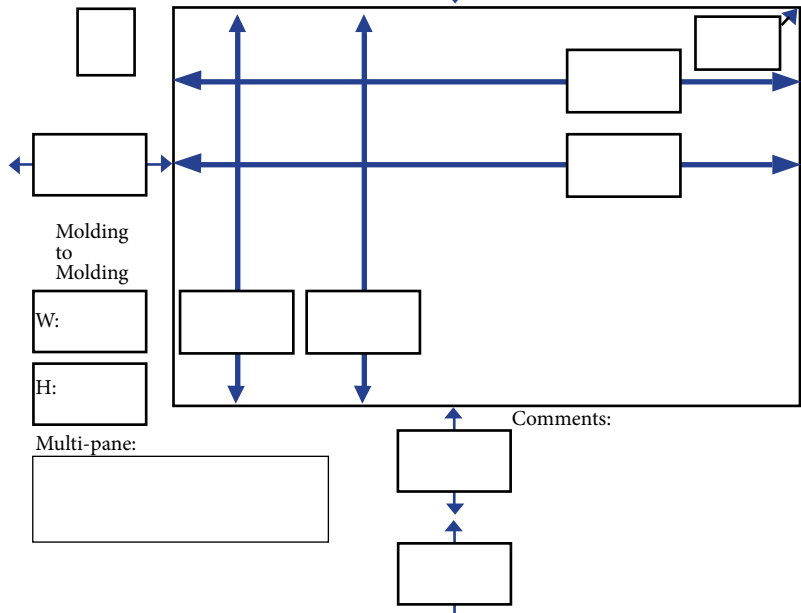


Customer _____
 Zip Code: _____ Appointment #: _____ Order #: _____

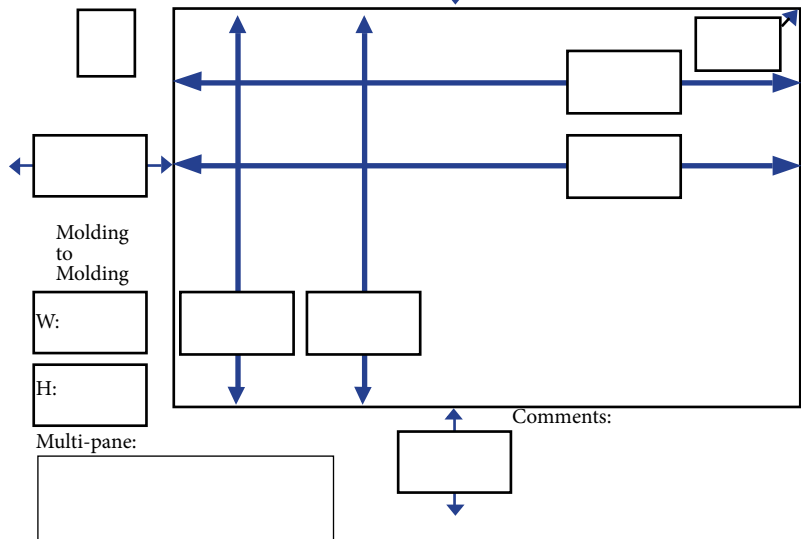
Measured by: _____



Room: _____ | Desc.: _____
 ePIC Line Number: _____
 Product: _____
 Style: _____
 Fabric/Material: _____
 Final Width: _____
 Final Height: _____
 Mount: IM OM Ceiling
 Trim Projection _____
 Control Position: _____
 Left Right None
 Window Square: YES NO



Room: _____ | Desc.: _____
 ePIC Line Number: _____
 Product: _____
 Style: _____
 Fabric/Material: _____
 Final Width: _____
 Final Height: _____
 Mount: IM OM Ceiling
 Trim Projection _____
 Control Position: _____
 Left Right None
 Window Square: YES NO



Room: _____ | Desc.: _____
 ePIC Line Number: _____
 Product: _____
 Style: _____
 Fabric/Material: _____
 Final Width: _____
 Final Height: _____
 Mount: IM OM Ceiling
 Trim Projection _____
 Control Position: _____
 Left Right None
 Window Square: YES NO