

Printable Order Parts Form
www.venetianblindparts.com

Fill out the order form and mail to:
 Venetian Blind Repair Shop
 1704 E 29th St.
 Vancouver, WA 98663
 Fax to us at: 1-360-989-1141

Shipping Address

Name: _____

Street Address: _____

Street Address:2 _____

City, State, Zip Code: _____

Phone: _____ Email Address: _____

SHIPPING ADDRESS Type (Circle One): Commercial Residential

Quantity	Item	Description	Unit Price	Total
1			Subtotal	
2	Coupon Code (if applicable) _____			
3	Sub-Total After Coupon			
4	Sales Tax (Washington Residents Only) Multiply Sub-Total in Line 3 by 8.20		Tax	
5	Enter Shipping Charge from Shipping Chart (Calculate using amount in Line 3)		Shipping	
6			Balance Due	

Shipping Chart		
\$0.00-\$49.99 Add \$5.00	\$50.00-and up Add 10% up to \$14.95	Maximum Shipping Charges \$14.95

Payment Method
 (Circle one and enter relevant information)

Visa

MasterCard

Discover

Credit Card Number	_____	Expiration date:	_____
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Billing Information – REQUIRED IF YOUR BILLING ADDRESS IS DIFFERENT THAN YOUR MAILING ADDRESS

Name:	_____
Address:	_____
City, State, Zip Code:	_____

Print and mail with Check or Money Order payable to VB Repair Shop to:
Venetian Blind Repair Shop, 1704 E 29th St., Vancouver WA 98663
 or Fax to us at: 1-360-989-1141

Thank you for your business!
 Phone: 360-696-8308 Fax: 360-989-1141
 Email: parts@shaderepair.com