



UNIVERSAL

WINDOW COVERINGS, INC.

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ECLIPSE™

S H U T T E R S

12139 Science Drive Suite 101

Orlando, FL 32826

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800-494-9636

Fax: 407-275-6919

866-872-0672

Account Name: _____

Address: _____

Account #: _____

Phone: _____

City/State/Zip: _____

Order Date: _____

Req'd Date: _____

Sidemark: _____

5 DAY RUSH: 15% SURCHARGE—PLEASE CHECK BOX

Line #	Room	Arch Type	Width x Height	Louver Size	Color	Tilt Bar	Tilt Bar Location	Mount	Frame Type	Sill Frame	Sill Frame Location	Frame Extension	Vertical Support	# of Vertical Supports	Arch Attached or Aligns w/ Shutter
		Quarter-Circle L Quarter-Circle R Half-Circle Elliptical Eyebrow Tunnel	Inside Mount = Smallest Measurement Outside Mount = Largest Measurement + Frames	2 1/2" 3 1/2"	Cotton Pearl Vanilla Sandstone	Yes No Combo	Front Rear	IM (Inside) OM (Outside)	Deluxe Trim Trim Frame Z Frame L Frame Casing Frame No Frame	Yes No	Top Bottom Left Right	Yes No	Yes No	0 1 2	Yes No
			X												
			X												
			X												
			X												

Line 1	Left Leg (A)		Left Leg (B)	
Line 2	Left Leg (A)		Left Leg (B)	
Line 3	Left Leg (A)		Left Leg (B)	
Line 4	Left Leg (A)		Left Leg (B)	

Line 1	Left Leg (A)		Left Leg (B)	
Line 2	Left Leg (A)		Left Leg (B)	
Line 3	Left Leg (A)		Left Leg (B)	
Line 4	Left Leg (A)		Left Leg (B)	

Line 1	Left Leg (A)		Left Leg (B)	
Line 2	Left Leg (A)		Left Leg (B)	
Line 3	Left Leg (A)		Left Leg (B)	
Line 4	Left Leg (A)		Left Leg (B)	

Notes

TEMPLATES ARE REQUIRED FOR ALL ARCH ORDERS
SUBMIT SHUTTER ORDERS WITH ARCH ORDERS
AND TEMPLATES

ONLY COMPLETE, SIGNED ORDERS WILL BE PROCESSED

Print Name: _____

Signature: _____