

Dealer: _____
 Job Name: _____
 Order Date: _____
 Authorized Signature: _____

5331 W. Orange St. Ph: 281-485-1907 www.rollac.com
 Pearland, TX 77581 FAX: 281-485-0835 sales@rollac.com
 Notes: _____

#	Dimensions				Rail*		Sill		Box	Operator						Loc.		Slat Details		Color		
	Width	FM/+	Height	FM/+	S/R	Size	Y/N	Size	45/90	P	C	G	M	O	RTS	L	R	Type	Vent	Slat	Box/Rail	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						

*For rails, please indicate distance between holes and hole size:

Comments (please indicate if specific to shutter #):

Please call for any special options which are not covered on this order form.

Switch Options	#Wh	#lv
Toggle Switch Maint.		
Toggle Switch Mom.		
Rocker Switch Maint.		
Rocker Switch Mom.		
Paddle Switch Maint.		
Paddle Switch Mom.		
Key Switch Maint.		

Gear Options	#Ch	#Pl
2 hole universal		
4 hole universal		n/a

Strap Options	#Wh	#Br
Recoil Box		
Strap Crank		

RTS Options	# White	# Ivory
Remote Transmitter 4 Channel		
Remote Transmitter 1 Channel		
Wall Transmitter 1 Channel		
Wall Transmitter 4 Channel		

Have a question?
 Call: (281) 485-1911
 Fax your order to:
 FAX: (281) 485-0839

Operator Location by Shutter #

Please indicate where the operator should protrude from by (#)




