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ORDER FORM

Order Estimate

Date

Company Name:

Ship Via: Will Call UPS Other: _____
(mark with an x)

Contact Person:

Ship to:

Contact Info / Address:

Phone: Fax:

Email:

Address:

Side Mark: P.O.

Order Required By Date: 10 Day Completion 5 Day Rush Order

Quantity	Rod # or Style	Length	Splice	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Quantity	Finial # or Style	Select Fitting		Left	(if applicable)	Right
<input type="text"/>	<input type="text"/>	Interior Fit <input type="checkbox"/>	Exterior Fit <input type="checkbox"/>	<input type="text"/>		<input type="text"/>

Quantity	Bracket # or Style	Projection		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Standard 3"	<input type="checkbox"/> Standard 6"	<input type="checkbox"/> Other _____

Quantity	Tie Back # or Style	Post TB	U Shape	Left	Right
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity	Rings # or Style	Size
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity	# or Style	Length	Baton	Swing Arm
<input type="text"/>	<input type="checkbox"/> Baton _____ <input type="checkbox"/> Swing Arm _____	<input type="text"/>	<input type="checkbox"/> Ring <input type="checkbox"/> Clip	<input type="checkbox"/> Left <input type="checkbox"/> Right

Notes: _____

Finish

SUBMIT