Salesperson:

WINDOW TREATMENT MEASUREMENT REQUEST

Customer Name: Phone Number: Builder:	Address: Cross Streets: Addition:

What does the customer want? Shutters ☐ Shades ☐ Blinds ☐ Drapery ☐
Notes:

What room(s) does the customer want treatment in?

Are there existing blinds in the home? Yes ☐ No ☐

Does the customer have any irregular windows such as: greater than 12' windows; bay windows; arched or oddly shaped windows? Yes ☐ No ☐ If yes, explain:

Does the customer want treatment for any door? Shutters ☐ Shades ☐ Blinds ☐ Drapery ☐
Notes:

Shutters
Does the customer have any windows with trim or casing around them? Yes ☐ No ☐
Does the customer have any windows with sills? Yes ☐ No ☐
Does the customer have any windows that tilt or crank-out? Yes ☐ No ☐
Notes:

Shades & Blinds
Does the customer want an inside or outside mount? (Most choose inside) Inside ☐ Outside ☐
Notes:

Drapery
Does the customer want the drapery to be functional? Yes ☐ No ☐
Does the customer want the drapery to clear the glass? Yes ☐ No ☐
Notes: