



WINDOW TREATMENT CHECKLIST FOR SALESPEOPLE

Customer Name:

Address:

What does the customer want?

Shutters ☐ Shades ☐ Blinds ☐ Drapery ☐

Notes:

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

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: