LifeStyles STORES, INC.

Window Coverings
Customer Confirmation & Sign Off

Builder _____	Customer Name _____
Job Address _____	Salesperson _____
Job Address _____	Allowance _____ Date_____

By signing below, I confirm that the window treatment selection has been completed. I understand that all selections for this job must be final and complete before any product is ordered from the manufacturer.

Check all that apply:

☐ I have been advised that my builder does not pay for overages above and beyond the allowance of $_____. I understand that I am responsible for any and all charges for items purchased in excess of this amount and that payment must be received prior to delivery.

☐ I agree to be fully responsible for the complete payment of all window treatments supplied by LifeStyles. If these window treatments are being supplied for a builder's spec house, builder understands that once ordered, window treatments are not returnable or able to be cancelled or altered in any way.

I have been advised that window treatments are SPECIAL ORDER and that these items are not returnable. In addition, a 50% non-refundable deposit is be required prior to ordering. I understand that some window treatments may take longer to receive than others and installation may be delayed until all product has arrived.

Return Policy for Window Treatments
Because window treatments are custom made to measure for your specific use, they are not returnable or refundable. In the event of an error is made by LifeStyles or the manufacturer, LifeStyles will reorder or replace the effected product at no additional charge, however a refund will not be offered.

Sales Signature: _____ Date _____

Customer Signature: _____ Date: _____