

# *Shutters Incorporated*

## **Customer Information**

Customer Name: \_\_\_\_\_

Phone Numbers (we need at least one): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Address where shutters are to be **installed** including **ZIP CODE**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address where paint and/or stain **sample** is to be sent if different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paint manufacturer and color: \_\_\_\_\_

*\* Stain sample must be provided at the time of measure*

Hinge Choice: \_\_\_\_\_ Louver Size: \_\_\_\_\_

*\* A letter and color sample will be mailed to your customer for custom colors. Please remind them to call and approve **or** let us know if it does not match when they receive the letter and sample.*

Rooms/Windows to be measured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer: \_\_\_\_\_ Date: \_\_\_\_\_

*To schedule a final measure, please fax this sheet to Shutters Incorporated at 281-373-4985*