

Roller Curtain

Customer Name: _____

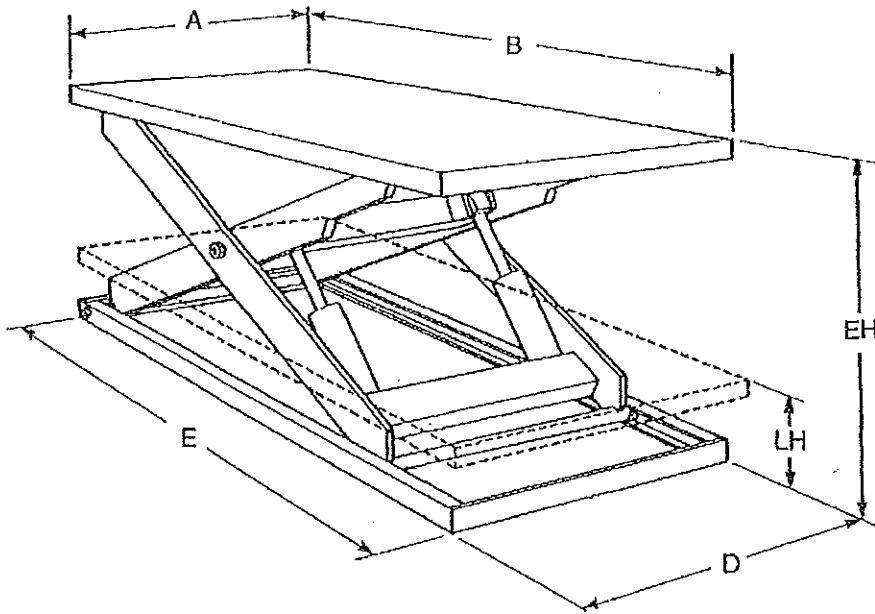
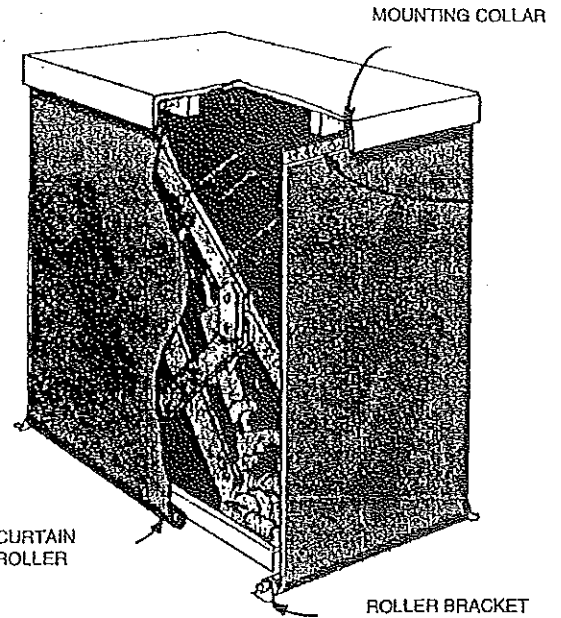
Contact Name: _____

Address: _____

City: _____ State: _____

Telephone Number: _____

Fax Number: _____



FILL IN FOR QUOTATION

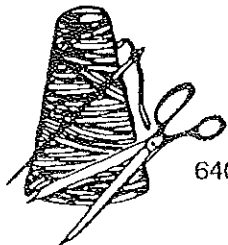
NUMBER OF UNITS _____

A= _____ D= _____
 B= _____ E= _____
 LH= _____ EH= _____

Roller Brackets Included

OPTIONS

Upper Hardware _____



Custom **FABERKIN** *Inc.*

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