ROLLAC
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ZipShade Order Form
Evo 100 / 150

Customer and Order Information

Customer reference: _____ Customer: _____

Order Date: _____ Date Required*: _____

**to be confirmed with shipping and production*

Detail Order Information

Customer ID: _____
Customer: _____
Address: _____
City / State _____
Zip Code: _____
Contact: _____
Telephone: _____
Email: _____

Delivery Address *(if different from order address)*

Customer ID: _____
Customer: _____
Address: _____
City / State _____
Zip Code: _____
Contact: _____
Telephone: _____
Email: _____

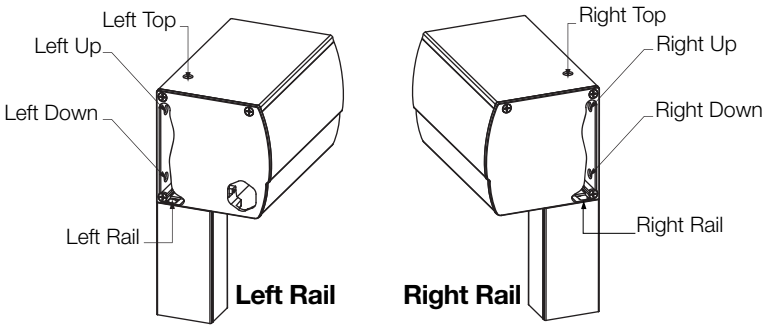
Residential ☐ Commercial ☐

ZipShade Screen Product Information

Zip System	
Fabric Option	
Color	
Confection** (Satine Only)	
Hardware Color	

****Standard:** Face pattern on swatch card faces **outside** the building.
Backside: Face pattern on swatch card faces **inside** the building.

Feed Position Options | Specify Below



System Dimensions

System Ref.	Qty	Width (in inches)	Type (Open / FM)	Height (in inches)	Type (Open / FM)	Operator	Side	Feed Type Position	Operator Control Choice	Comments (Make sure to inform appropriate personnel)