

ultimate washer

6701 Garden Rd. Unit 3 Riviera Beach, FL 33404

Single Vinyl Curtain

Dimensions *Please provide opening dimensions Width: Height: *What is the Quantity? *Do you need Hardware? Yes: No: If Yes, please explain: Are these replacement curtains? Yes: No: Where will the curtains be used? Outdoor: Indoor: **Accessories** Wind Ties Shield All Filter Panels Strip Door Valence Curtain Wall Cleaner **Custom Logo** Floor Sweep Premium Upgrade

| *Application Description: | | | | | |
|--|------------------|--------------------------------|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Color Selection | | | | | |
| **No Charge Standard Colors (White, Clear, Blue)** | | | | | |
| Top Color | Middle Color | Bottom Color | | | |
| White (standard) | White | White | | | |
| Beige | Beige | Beige | | | |
| Black | Black | Black | | | |
| Blue | Blue | Blue (standard) | | | |
| Clear | Clear (standard) | Clear | | | |
| Field Green | Field Green | Field Green | | | |
| Forest Green | Forest Green | Forest Green | | | |
| Gray | Gray | Gray | | | |
| Maroon | Maroon | Maroon | | | |
| Orange | Orange | Orange | | | |
| Purple | Purple | Purple | | | |
| Red | Red | Red | | | |
| Yellow | Yellow | Yellow | | | |
| Relationship to Ultimate Washer | | | | | |
| 1st Time Custome | er 1s | t Time Distributor | | | |
| Existing / Previou | us Customer Ex | kisting / Previous Distributor | | | |

| Type of Business | | | | | | |
|------------------------------|-----------------------------|----------------|----------|---------------------|--|--|
| | Agricultural | | | Commercial / Retail | | |
| | Government / Public Service | | | Education | | |
| | Medical | | | Restaurant | | |
| | Industrial / Manufacturing | | | Other | | |
| Customer Contact Information | | | | | | |
| *First Name | | Middle Initial | *Last I | Name | | |
| | | | | | | |
| Company Name | | | | | | |
| | | | | | | |
| *Address 1 | | | | | | |
| | | | | | | |
| Address 2 | | | | | | |
| | | | | | | |
| *City | | l | *State | | | |
| | | | | | | |
| *Zip Code | | *Coun | *Country | | | |
| | | | | | | |
| *Phone Number | er | | Fax | | | |
| | | | | | | |
| Email Address | | | | | | |
| | | | | | | |

Please complete and return this form along with pictures (if available). You can email the form to info@ultimatewasher.com or fax it to (561) 741-2125

