

# Awning Order Form

Inside Outfitters, Inc.

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Registered retailer of SOS™, Sun Or Shade Products

<b>Customer:</b> _____ <b>Date:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<i>Please fill out form as completely as possible</i>	
<b>Color:</b>	<input type="checkbox"/> Silver <input type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Desert Sand <input type="checkbox"/> Forrest Green
<b>Overall Width:</b> (Tip to Tip)	_____ Feet    _____ inches
<b>Arm Size:</b>	<input type="checkbox"/> 4'2" <input type="checkbox"/> 5'7" <input type="checkbox"/> 6'11" <input type="checkbox"/> 8'7" <input type="checkbox"/> 10'2" <input type="checkbox"/> 11'6" <input type="checkbox"/> 12'6" <input type="checkbox"/> Other _____
<b>Gear Type or Motor type:</b>	<input type="checkbox"/> AU - 149 (3:1) <input type="checkbox"/> AU-148 (13:1) <i>(standard over 20')</i> <i>(standard over 20')</i>  Standard Motor <input type="checkbox"/> 525A2 <i>(standard to 20')</i> <input type="checkbox"/> 530R2 <i>(standard over 20')</i>  Other <i>(upcharge)</i> <input type="checkbox"/> 525ARTS CMO <input type="checkbox"/> 535ARTS CMO <input type="checkbox"/> 550RTS CMO <input type="checkbox"/> 525A2RTS ALTUS <input type="checkbox"/> 535A2RTS ALTUS <input type="checkbox"/> 550A2RTS ALTUS <input type="checkbox"/> 660R2 CMO <input type="checkbox"/> 680R2 CMO <input type="checkbox"/> 6100R2 CMO <input type="checkbox"/> PLUG-IN
<b>Location of Operation:</b> (Facing Building)	<input type="checkbox"/> Right <input type="checkbox"/> Left
<b>Window Brace:</b>	<input type="checkbox"/> 24" <input type="checkbox"/> 57" <input type="checkbox"/> 65" <i>(standard)</i> <input type="checkbox"/> 77" <input type="checkbox"/> 97"
<b>Bracket Type:</b>	<input type="checkbox"/> Roof Mount <input type="checkbox"/> AU-10 <i>(Wall, Standard)</i> <input type="checkbox"/> AU-16 <i>(Ceiling, Wall Hood)</i> <input type="checkbox"/> Beam Bracket 5" <input type="checkbox"/> Beam Bracket 9"
<b>Hood:</b>	_____ Feet    _____ inches
<b>Somfy Controls:</b>	<input type="checkbox"/> Somfy-Matic <input type="checkbox"/> Wind-O-Matic <input type="checkbox"/> Remote Control <i>(Sun&amp;Wind)</i> <i>(Wind Only)</i>
<b>Cover:</b>	Pattern _____ Valance _____ Braid/Bind _____
<b>Outrigger:</b>	<input type="checkbox"/> AU-40    Number Required _____
<b>Additional Comments:</b>	_____ _____ _____

Please Print out and Mail / Fax / E-mail back to Inside Outfitters. With your contact information we will process this request and respond with a quote.