

**ORDER FORM**

**\*\*6-12 PIECE MINIMUM\*\***

**Depending on style.**

**1800ceiling.com**

email completed form and pictures of  
your existing lens to:  
sales@1800ceiling.com

Height: \_\_\_\_\_

Width: \_\_\_\_\_

ID (Between Hooks): \_\_\_\_\_

Length: \_\_\_\_\_

Quantity: \_\_\_\_\_

Wrap Color:

Clear Prism

White

End Cap Color:

Clear Prism

White

None

*Special Features: Poles, clips, springs, etc.*

\_\_\_\_\_

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

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

PO#: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_