

CUSTOM SHUTTER INSTALLATION FORM

1221 Champion Cir. Suite 115
 Carrollton, TX 75006
 TEL: 877-228-EXUS(3987)

info@exusshutters.com
 marleinev@exusshutters.com
 FAX: 972-242-5224

3340-D Greens Rd, Ste. 200
 Houston, TX 77032
 TEL: 832-672-4928

tannerc@exusshutters.com
 lauries@exusshutters.com

Order #:		Sidemark #:		SQ. FT.:	
Dealer #:		Dealer Name:		Dealer Phone:	
Salesperson:				Sales Phone:	
Homeowner:				Owner Phone:	

APPOINTMENT INFORMATION					
Address:					
Date:		Time:		Installer:	
Special Instructions for Installer:					

ADDITIONAL SERVICES REQUIRED			
Take Down Blinds / Shades QTY.:		Chair Rail Cut QTY.:	
Disposal Blinds / Shades QTY.:		Other Cuts Necessary QTY.:	
Take Down Shutters SQ. FT.:		Tall Ladder (Over 8 FT.) Required Windows QTY.:	
Disposal Shutters SQ. FT.:		Out of Area:	<input type="checkbox"/> Y <input type="checkbox"/> N
Caulk Around Shutters QTY.:		High Rise or Commercial Location:	<input type="checkbox"/> Y <input type="checkbox"/> N
Caulk Nail Holes QTY.:		Call Before Arrival:	<input type="checkbox"/> Y <input type="checkbox"/> N

INSTALLATION AND PRODUCT ACCEPTANCE	
<p>The installer instructed me on the correct procedures necessary to operate my new Exus Shutters, the necessary maintenance of my Exus Shutters, and has answered all my questions to my satisfaction. I am completely satisfied with the quality, performance, and installation of my new Exus Shutters.</p>	
X:	Date:
<p>OR: I am aware that a follow-up appointment will be necessary to make corrections:</p>	
X:	Date: