

Fabric Sample Order Form

Please enter your shipping information

First name

Last name _____

Address

City _____ State _____ Zip _____

Country_____

Phone _____

Email

**If you are a Lutron Shade Dealer,
please enter you account information**

Account number _____

Company name _____

Company address

City _____ State _____ Zip _____

Country_____

Phone _____

Email [illegible]