



585-A Commonwealth Boulevard
Port Orange, FL 32127

(386) 788-5091

(800) 537-5144

Fax: (800) 318-2168

New Customer Application

Fax or email to accounting@shadenlight.com to open your account.

Please include a copy of your current sales tax certificate. Thank you!

General Information

Company Name: _____ Phone: _____
Owners Name: _____ Fax: _____
Billing Address: _____ Cell: _____
City, State, Zip: _____ E-Mail: _____
Shipping Address: _____
City, State, Zip: _____
Years In Business: _____

Trade Reference #1 (indicate vendor from whom you purchase)

Name: _____
Address: _____
City, State, Zip: _____
Account No.: _____
Phone: _____
Fax: _____

Trade Reference #2

Name: _____
Address: _____
City, State, Zip: _____
Account No.: _____
Phone: _____
Fax: _____

Trade Reference #3

Name: _____
Address: _____
City, State, Zip: _____
Account No.: _____
Phone: _____
Fax: _____



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Name of Bank: _____

Address: _____

City, State, Zip: _____

Account Number(s): _____

Phone: _____

Fax: _____

Cell: _____

E-Mail: _____

Signature: _____

Print Name: _____

Date: _____

Payment can be made with a check (emailing is fine) or credit card. We do not keep cards on file, therefore, will need a signature for every order confirmation.

Purchase Agreement

Terms	All orders require a 50% down payment to place the order. Balance due upon completion or delivery.
Bad Check & COD	A service charge of \$75.00 will be applied to each returned check. All accounts are C.O.D.
Returns	No returned goods will be accepted without written authorization.
Claims	Customer assumes full responsibility of all goods when goods are received and signed for by customer. Freight damage claims must be reported within one week of delivery with all original packaging retained for inspection.
Handling/ Restocking	A handling or restocking charge will be made on all goods unless due to error caused by Shade & Light, Inc.



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Credit Card Authorization Form

Fax or email to accounting@shadenlight.com.

Amount: _____

Side Mark: _____

Invoice: _____

Customer Name: _____

Card Info

Card Number: _____

Cardholders Name: _____

Exp: _____

CVV: _____

Zip: _____

Email Address: _____

A credit card convenience fee of 3.99% for Visa, Mastercard, Discover, and American Express will be applied to all transactions. This fee is charged to cover the processing costs associated with credit card payments. Please note that this fee does not apply to other payment forms such as cash or check.

I authorize Shade & Light, Inc. to charge my credit card for the order listed above. By signing below, I agree to pay charges associated with the invoice for this purchase according to card issuer agreement.

Authorized User Signature: _____

Date: _____



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Sample Book Price List (2026)

Customer Name: _____

Company Name: _____

Date: _____

Description	Amount	Qty	Comment
Aileen/3D Collection Book	\$30		
Avondale Poly Shutter Case	\$150		
Bass Wood	\$20		
Custom Cellular Shades	\$150		
Designer Natural Woven Shades (Galaxy)	\$250		
Designer Natural Woven Shades (Dynasty)	\$250		
Faux Wood	\$25		
Full Sample Package	\$1,500		
Mini & Micro	\$10		
Motorized Hand Sample	\$270		
Roller and Panel Track Shade Book	\$150		
Soft Window Fashions Roman Shades	\$350		
Solar Glide	\$150		
Vertical Blind PVC Case	\$50		
Vertical Track	\$10		

Total Due: _____

Payment Method: Cash, Credit Card (added service fee of 3.99%), Check