

**PROFORMA INVOICE**

 Project:  
 4194-10

**Proforma** Date:  
 Tuesday 08 Apr 2025

To: Job Address:

Deposit to be Paid: \$ 947.25

 GORMANS DESIGN GROUP  
 200 COVINGTON DRIVE  
 Bloomingdale, Illinois 60108

Job #: RWP1446

Line	Description	Qty	Unit price	Ext Total
<b>Products</b>				
1	Single Roller Shade   Unit Type: Inches, Quantity: 1, Supplier: Readwindow, Spec: MANAGER'S OFFICE, Measurement Type: Outside, Width: 70 1/4, Height: 70, Control Side: Right, Fabric: Jumble 05118, Color: White/Gray, Operation: Manual, Chain Length: Standard, Hembar: Internal, Bracket Covers: Yes, Roll Direction: Standard Roll, Fascia: Yes, Fascia Option: Standard Width, Standard Option: Fascia 3 inch, Fascia 3 Inch Color: White, Side Channel: No, Sill Channel: No	1	219.14	219.14
2	Single Roller Shade   Unit Type: Inches, Quantity: 1, Supplier: Readwindow, Spec: ASSIT MANAGER'S ROOM, Measurement Type: Outside, Width: 69, Height: 71, Control Side: Right, Fabric: Jumble 05118, Color: White/Gray, Operation: Manual, Chain Length: Standard, Hembar: Internal, Bracket Covers: Yes, Roll Direction: Standard Roll, Fascia: Yes, Fascia Option: Standard Width, Standard Option: Fascia 3 inch, Fascia 3 Inch Color: White, Side Channel: No, Sill Channel: No	1	217.59	217.59
3	Single Roller Shade   Unit Type: Inches, Quantity: 1, Supplier: Readwindow, Spec: WORK FROM HOME FOR LEASE -1, Measurement Type: Outside, Width: 69 1/2, Height: 71, Control Side: Right, Fabric: Jumble 05118, Color: White/Gray, Operation: Manual, Chain Length: Standard, Hembar: Internal, Bracket Covers: Yes, Roll Direction: Standard Roll, Fascia: Yes, Fascia Option: Standard Width, Standard Option: Fascia 3 inch, Fascia 3 Inch Color: White, Side Channel: No, Sill Channel: No	1	218.60	218.60
4	Single Roller Shade   Unit Type: Inches, Quantity: 1, Supplier: Readwindow, Spec: HUDDLE OFFICE, Measurement Type: Outside, Width: 33 1/2, Height: 71, Control Side: Right, Fabric: Jumble 05118, Color: White/Gray, Operation: Manual, Chain Length: Standard, Hembar: Internal, Bracket Covers: Yes, Roll Direction: Standard Roll, Fascia: Yes, Fascia Option: Standard Width, Standard Option: Fascia 3 inch, Fascia 3 Inch Color: White, Side Channel: No, Sill Channel: No	1	145.96	145.96

**PROFORMA INVOICE**

 Project:  
 4194-10

 Quote Date:  
 Tuesday 08 Apr 2025

To: Job Address:

Deposit to be Paid: \$ 947.25

 GORMANS DESIGN GROUP  
 200 COVINGTON DRIVE  
 Bloomingdale, Illinois 60108

Job #: RWP1446

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 200 COVINGTON DRIVE  
 Bloomingdale, Illinois 60108

Line	Description	Qty	Unit price	Ext Total
<b>Products</b>				
5	Single Roller Shade   Unit Type: Inches, Quantity: 1, Supplier: Readwindow, Spec: HUDDLE OFFICE, Measurement Type: Outside, Width: 33 1/2, Height: 71, Control Side: Right, Fabric: Jumble 05118, Color: White/Gray, Operation: Manual, Chain Length: Standard, Hembar: Internal, Bracket Covers: Yes, Roll Direction: Standard Roll, Fascia: Yes, Fascia Option: Standard Width, Standard Option: Fascia 3 inch, Fascia 3 Inch Color: White, Side Channel: No, Sill Channel: No	1	145.96	145.96
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Total Qty	5		Subtotal	\$ 947.25
			Sales Tax	\$ 0.00
			Total	\$ 947.25
			Deposit to be Paid	<b>\$ 947.25</b>

\*\* Please confirm Proforma Invoice reflects the job requirements on your purchase order or contract. \*\*

\*\* Deposits may be made by credit card or check by contacting [accounting@readwindow.com](mailto:accounting@readwindow.com) or mailing payment to the address below.

Read Window Products  
 5900 Weisbrook Lane  
 Knoxville, TN 37909

\*\* Deposits must be received prior to start of production or services. \*\*

\*\* For Our Terms & Conditions of Sale please go to  
[www.readwindow.com](http://www.readwindow.com)



## Credit Card Charge Authorization Form

1. Company Name

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2. Name on Card

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Visa  MC  Discover  Amex

3. Card Number

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4. Expiration Date

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5. CCV Number

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6. Billing Address

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7. Billing Zip Code

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8. Phone Number

(associated with card)

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9. Total Amount Authorized

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10. Order to Apply Payment (PO# or Job#)

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11. Signature of Cardholder

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11. ***AUTHORIZATION FOR BALANCE TO BE CHARGED ON THIS CARD UPON COMPLETION***

Signature of Cardholder

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ACCOUNTING USE ONLY	
Contract #	
Date	
Deposit	<input type="checkbox"/>
Project Balance	<input type="checkbox"/>
Amount Charged	
Processed By	