

**Nesler Custom Service
Repair Order form**

Store / customer Name: _____

Shipping Address: _____

City, State, Zip: _____

Telephone number: _____

Blind shade owner: _____

Brand name (If known) _____

Look for label on side or bottom of bottom rail.

Dimensions of blind/Shade: ____wide X ____long

Description of Problem(s) _____

Missing parts that need to be replaced: _____

For Multiple shades being sent, list dimensions, problems and missing parts below starred line on another form for each blind/shade .

We will call you with an estimate on each shade and the shipping cost to return your blind/shade(s). We will use Square to charge your card before we send the shades back to you.