GOSFORTH

BAILEYS BLINDS Page 1 of 1

Vertical Blind Order Form Fax No: _____

Date: 26-2-16 Date req: 8-3-16.

Contact Name: COWAN

Customer Order No: 317018

No	Type	Size	Fabric	Colour	H/R	W	D	Rec	Con	Fix	Bun	No of Vanes
1	LB	3½	WIMBOURNE	ICE	W	1185	1180	I	R	T	R	

Special Instructions: FIT HIEGHT = 2060