

TRANSMISSION VERIFICATION REPORT

TIME : 10/02/2016 10:53
 NAME : SPENNYMOOR
 FAX : 01388814895
 TEL :

DATE, TIME : 10/02 10:52
 FAX NO./NAME : RAINBOW
 DURATION : 00:00:33
 PAGE(S) : 01
 RESULT : OK
 MODE : STANDARD
 ECM

12-FEB-2016 10:03 FROM:UB AIRDRIE

01236763834

TO:BAILEYS FAX

P.1/1



Rainbow Blinds

64 Canyon Road
 Excelsior Park
 Wishaw
 ML2 0EG

Roller blind order form

Customer Name: BOB UNDERWOOD

Fax ref: _____

Date of Order: 12/2/16

Date Req: 17/2/16

ORDER USER
 DOUBLE

INSTALL HEIGHT

blind ref.	recess	width	drop	material	shape	braid	control
fabric size							side
S609							
1	FABRIC	326	1219	COLORTEX ASH	-	-	-
2	"	1812	1219	"	-	-	-
3	"	314	1219	"	-	-	-
	* FABRIC ONLY *						
S610							
1	R	1787	1372	COLORTEX BISCUIT	-	-	R
2	R	1051	1372	"	-	-	R

DOUBLE