

ROLLER BLINDS

Order Form

Telephone: _____
 Email: _____
 Signature: _____
 Personal Code: **337205 (CAMBEL)**

Model: **18-2-19**
 Brand: **BAILEYS**
 Address: **(GOSPORT)**
 Club: _____

Rainbow Blinds & Interiors
 61 Curzon Road
 Boscobel Park
 Wiltshire
 MK45 0ED
 T: 01298 351 888
 F: 01298 351 999
 info@rainbow-blinds.com

ORDER #	BLIND SIZE	Fabric Range	Fabric Colour	LWC R/C P/L F/D	CC No R/L L/D D/R	Child Safety Insectscreen Height (mm)	Drop (mm)	Width (mm)	Roller or Fabric size	Thin Blind Frame Cover Type	ORDER	
											Roller	Child
1	1798 1155 R	MAGNA	AMETRYST	R/C		2050	1155	1798	R	Roller	Child	
2												
3												
4												
5												
6												
7												
8												

UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS INDICATED ABOVE. PLEASE INDICATE APPROPRIATE CHILD PROOFING WITH ROLLER OR FABRIC WIDTH.
 (Customer has been advised)
 All blinds supplied by Rainbow Blinds & Interiors are fitted with an approved Child Safety Device
 (Customer has been advised)
 Minimum amount applying to opening orders
 Issue Date 2018

CUSTOMER CHAIRN + NO SEW CARLS