



Filename: .....

Name/Company: ST. CUTHBERTS A/c: .....

Department: HOSPICE Ref: .....

House: .....

Road Name: PARKEHOUSE RD Date Enquiry: .....

Place: MERRYOAKS Contact: CAROL LYNN

Post Town: DURHAM Tel. No.: 3861170

Post Code: DL3 9PE Ext: .....

Source: .....

Where did you get our name: .....

Comments: .....

Quote No: .....

Order No: 321375

Sales Person: .....

Day to Call: .....

Time to Call: .....

Time Called: .....

Address Verified:  Yes / No

Action Required: .....

Measure Date: 25.2.15

Sale By: D GRANT

Type	Material Code	Width	Drop	Rec	Cont	Bkt	Location	VERTICAL			ROLLERS			VEN		Price (inc vat)
								Brch	HR Col	Wgt Col	Shape	Pole Colour	Trim Code	Trim Colour	Full Type	
	<del>REFIX 2</del>	<del>Blinds</del>					<del>CHAOLS OFFICE</del>									
	REFIX 3	Blinds					COFFEE SHOP									
	REFIX 4	Blinds					LAUNDRY									
	REFIX 1	Blinds					FINANCE OFFICE									
		1 Blinds					CHIEF EXECUTIVE									
		3 Blinds					DAVENPORT									
		1 Blinds														
		3 Blinds					Admin									
		1 Blinds					STAFF ROOM									

White for fix Backless Rod + Steps

305+105