

ROLLER BLINDS

Order Form

Total Price: _____
 Amount: _____
 Signature: _____
 Payment Reference # (for STONEHOUSE) **339827**

Order # **12-11-19**
 Dealer **BAILEY'S**
 Address **(GOSFORD)**
 Phone Number: _____

Rainbow Blinds

Rainbow Blinds & Accessories
 1000 Highway Road
 Portland, ME 04103
 Tel: 603-951-5555
 Fax: 603-951-5559
 www.rainbowblinds.com

BLIND SIZE				ORDER							
Window Width (mm)	Drop (mm)	Roller or Fabric size	Roller or Fabric Weight (mm)	Length of Control Chain (mm)	Tube Diameter (mm)	Fabric Range	Leaves, Bands, Slats	Color	Price (€)	Qty	TOTAL COST (€)
2518	1250	R	2150	470	MEMPHIS	ASH	LC	LC			

The client hereby declares that the information provided in this form is true and correct. The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided.

WHITE ECLIPSE EXPOSED BOTTOM BALANCE WITH CHAINS
CONTINUOUS CHAIN T CHILD DEVICE