

Rainbow Blinds

VERTICAL BLINDS

Order Form

Rainbow Blinds & Interiors
 61 Canyon Road
 Excelsior Park
 Wisnau
 MILWAUKEE
 T. 01698 351 888
 F. 01698 351 999
 sales@rainbow-blinds.com

Date: 21-10-20
 Retailer: M LUNE
 Address: GOSFORTH
 Date Required:

Telephone:
 Email:
 Signature:
 Purchase Reference No: 346593

Special Instructions

Window	Width (mm)	Drop (mm)	Recess or Exact	Child Safety Installation Height (mm)	Length of Control Chain (mm)	Fabric Range	Fabric Colour	Control Gear Face or Side Fix	CONTROLS				OPTIONS		ORDER			
									Draw	Operation	Headrail Colour	Top/Face Fix	Blat Size Symm or 127mm	Wand	Weight and desired			
1	1162	1156	R	2100		MIMMI	VERSATA											
2	1725	1145																
3																		
4																		
5																		
6																		
7																		
8																		

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS

All blinds supplied by Rainbow Blinds & Interiors are fitted with an approved Child Safety Device

Customer has been advised on (✓):
 The Child Safety Regulators Fit/Do not fit the use of child safety devices
 Minimum distances applying to operating cords

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EXPRESSIONS

(WOOD) VENETIAN BLINDS

Rainbow Blinds

Order Form

Rainbow Blinds & Interiors
 64 Carleton Road
 Research Park
 WILLOW
 M12 8BE
 T. 0203 331 029
 F. 0203 331 039
 sales@rainbowinteriors.com

Date: 21-10-20
 Project: MILNE
 Location: GOSFORTH
 Order Reference:

Quantity:
 Price:
 Total:
 Order Reference No:
 346593

Special Instructions:

NO	SIZES			Width (mm)	Drop (mm)	Ropes or Bars (mm)	Cassette Height (mm)	Length of Cord (mm)	Slat Range and Colour	QUANTITIES				TOTAL ORDER (m)	
	Slats (m)	Ropes (m)	Bars (m)							Slats (m)	Left (m)	Mid (m)	Right (m)		Wash (mm)
1				836	1005	R	250		Cool white					2	853
2															
3															
4															
5															
6															
7															
8															
9															
10															

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

Customer Name:

Customer Address:

Customer Postcode:

Customer Telephone:

Customer Email:

Customer Reference:

Customer Signature:

Date:

Delivery Method: Standard Delivery Express Delivery Next Day Delivery

Payment Method: Cash Cheque Credit Card Direct Debit

Terms & Conditions: I agree I do not agree