

ROLLER BLINDS

Order Form

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Phone: _____
 Fax: _____
 E-mail: _____
 Account No: 352454 (PRIME UKO)

Date: 11-04-22
 Installer: BAILEYS
 Location: Gosforth

Roller Blinds & Accessories
 45 Chappin Road
 Gosforth Park
 Newcastle
 NE11 6BB
 Tel: 0191 275 4000
 Fax: 0191 275 4000
 www.rollershades.co.uk

Roller Blind	Width (mm)	Drop (mm)	Roller Blind Code	Roller Blind Colour	Roller Blind Sample	Roller Blind Quantity	Roller Blind Price	Roller Blind Total	Roller Blind Notes
1	1120	1380	R 2600	MIRAGE	SPLASH	32			
2									
3									
4									
5									
6									
7									
8									

Roller Blind Code: _____
 Roller Blind Colour: _____
 Roller Blind Sample: _____
 Roller Blind Quantity: _____
 Roller Blind Price: _____
 Roller Blind Total: _____

CHROMA NO SEW END C.A.S.

Roller Blind & Accessories Ltd. Gosforth Park, Newcastle, NE11 6BB. Tel: 0191 275 4000. Fax: 0191 275 4000. www.rollershades.co.uk