



# ROMAN BLINDS

## Order Form

Company/Shop: **Barnes**  
*Consistent*

Sales Rep: **DAVE**  
 Customer Name: **SCOTT**

Date: **24/4/23**  
 Order Reference: **3539774**

Special Instructions  
**\* ASAP PLEASE \***

### BLIND SIZE & SYSTEM

	Loc-ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System Standard Clear/Deluxe	Fabric Range	Fabric Colour	CONTROLS		OPTIONS				
										RHS (v)	LHS (v)	Chain Colour	Lining	Pattern Match Bay Position L/R	TOP (v)	FACE (v)
1		940	1190		<input checked="" type="checkbox"/>	2200		STANFORD	SILVER	<input checked="" type="checkbox"/>		WHITE	Blout	N/A	<input checked="" type="checkbox"/>	
2																
3																
4																
5																
6																
7																
8																

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: