

ROMAN BLINDS

Order Form

Company / Shop: **BAILEYS POS PARTNERS**

Sales Rep: **DAVE**
Customer Name: **SCARF**

Date: **24/8/23**
Order Reference: **350302**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Standard Cleat/Deluxe	Fabric Range	Fabric Colour	Operation		Chain Colour	Lining	Pattern Match Bay Position L/C/R	Fixing			
									RHS (✓)	LHS (✓)				TOP (✓)	FACE (✓)		
1	1114	685		✓	2000		RAGEL	CHARCOAL		✓	EXLONU	BLOUT		✓			
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: