

PERFECT FIT PLEATED BLINDS

Order Form

Company / Shop: BUTLER'S	Sales Rep: DAVE	Special Instructions
WOSFORM		
Customer Name: MY HEALTH CLINIC	Dates: 10/1/24	
	Order Reference: 355401	

Loc-ation	BLIND SIZE & SYSTEM						CONTROLS				OPTIONS			
	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Fabric Range & Colour	Type		Pole Required	Shaped Blind	Cut Outs	Backing Foam	Handle Spacer 2mm / 6mm	Rebates
							Tension	Cord						
1	118	1560	WHITE	SCREW FIX		LUNA Pomice Blout	✓							
2	118	1560	+	+		+	✓							
3	125	683	+	+		+	✓							
4														
5														
6														
7														
8														

NOTE: UNLESS OTHERWISE STATED ALL OPTIONS WILL BE DEFAULT. ONLY GLASS MEASUREMENTS REQUIRED. FOR SHAPED BLINDS SUPPLY DIAGRAMS WITH ANGLES.

FITTING NOTES: