

ROLLER BLINDS

Order Form

Company / Shop: **BANKS / COSTA**

Sales Rep: **DAVE**
Customer Name: **MARCHBANKS.**

Date: **16/01/24**
Order Reference: **355407**

Special Instruction:

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/ Benfitin	Fabric Range	Fabric Colour	Operation RHS (✓) LHS (✓)	Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps				
1	1165	1005	✓		2050	32	BOSTON PR	SHADOW	✓	N/A	NR 2		1	NO SUN	NONE				
2																			
3																			
4																			
5																			
6																			
7																			
8																			

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

FITTING NOTES: