





# DAY & NIGHT BLINDS

## Order Form

Company / Shop: **BRIELEY'S / GOSSLEM**

Sales Rep: **DAVE**  
Customer Name: **HUGHES**

Date: **5/6/24**  
Order Reference: **555933**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS					
Location	Width (mm)	Drop (mm)	Recess (✓)	Cass-ette Exact (✓)	Fabric (✓)	Child Safety Installation Height (mm)	System Vision / Senses Mitrage	Fabric Range / Colour		Operation	RHS (✓)	LHS (✓)	Control Type & Colour	Cassette Type & Colour	Headbox Option	End Caps Colours	Bottom Bar Colour	Roll	
1 <b>Backroom</b>	1765	1300		✓		2250	VISION	CARRI ICE			✓		CHILDREN CONTINUOUS	WHITE VISION CLOSED	CLOTH COVERED	N/A	WHITE		
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: