

VENETIAN BLINDS Order Form

Company / Shop: **BRILEY / Post Office**

Sales Rep: **DAVE**
Customer Name: **MIRIE**

Date: **27/9/24**
Order Reference: **358252**

Special Instructions

BLIND SIZE & SYSTEM						CONTROLS				OPTIONS				
Loc ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code	RHS (✓)	LHS (✓)	RGY (✓)	STD (✓)	TOP (✓)	FACE (✓)	Extras
1	1515	1735	✓		2700	35	0606 A	✓				✓		
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: