

VENETIAN BLINDS

Order Form

Company / Shop: **Rhodes / Poshm**

Sales Rep: **Dave**
Customer Name: **MURPHY**

Date: **19/1/24**
Order Reference: **358512**

Special Instructions:

BLIND SIZE & SYSTEM							CONTROLS				OPTIONS			
Location	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code	RHS (✓)	LHS (✓)	REV (✓)	STD (✓)	TOP (✓)	FACE (✓)	Extras
1	1250	1785	✓		1800	35	977H				✓	✓		
2														
3														
4														
5														
6														
7														
8														

UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESSED AND ALL OPTIONS WILL BE DEFAULT.

NOTES: _____

FITTING NOTES: _____