

PERFECT FIT PLEATED BLINDS

Order Form

Company / Shop: **Blind's / Gosplan**

Sales Rep: **DAVE**

Customer Name: **GILCHRIST**

Date: **22/11/25**

Order Reference: **350655**

Special Instructions

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 zmm / 6mm	Rebates
							Tension	Cord						
1	785	855	WHITE	20		DUOPLEAT NARROW TEXTURE		✓						
2														
3														
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: