

VENETIAN BLINDS

Order Form

Company / Shop: **FRILLYS / COASHOTA**

Sales Rep: **DAVE**
Customer Name: **GRAHAM**

Date: **12/6/25**
Order Reference: **360714**

Special Instructions: **FIT ASH PLEASE.**

	BLIND SIZE & SYSTEM						CONTROLS			OPTIONS					
	Location	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code	Control Side			Fixing Brackets		Extras	
									RHS (✓)	LHS (✓)	REV (✓)	STD (✓)	TOP (✓)		FACE (✓)
1	Room	615	1160	✓		2200	50	0204(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