



# ROLLER BLINDS

## Order Form

Special Instructions  
**1 X PAIR OF WHITE BKT  
 COVEAS**

Date **01-10-25**  
 Order Reference **359787**

Sales Rep **SHAUN H**  
 Customer Name **AT KINSON**

Company / Shop  
**BALLEYS - S' MOOR**

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System 22/40/51/61/65/71/81/91	Fabric Range	Fabric Colour	Operation RIS (v)	Operation LHS (v)	Cassette Type & Colour	Roll	Finish	Bottom Bar	Bottom Cap		
1	LAND	1370	1150	1/R	2400	32	LACIN ASC	NOIR	R		NO	STD	SHADE 1				
2													STRAIGHT				
3													FABRIC				
4													WRAP				
5																	
6																	
7																	
8																	

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

NOTES:

FITTING NOTES: