

VENETIAN BLINDS

Order Form

Company / Shop:
Bailey's Gosport

Sales Rep: **DANE**
 Customer Name: **DONALDSON**

Date: **5/11/25**
 Order Reference: **361411**

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 (✓)	REV (✓)	STD (✓)	TOP (✓)	FACE (✓)	Extras
1 ENTRANCE	1300	1300	✓		2100	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: