

VENETIAN BLINDS Order Form

Company / Shop:
Bailey's / Top Farm

Sales Rep: *DAVE*
Customer Name: *CAVANAGH*

Date: *1/12/25*
Order Reference: *361538*

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	Control Side				Fixing Brackets					
									RHS (✓)	LHS (✓)	REV (✓)	STD (✓)	TOP (✓)	FACE (✓)	Extras			
1 <i>BATHROOM</i>	<i>1560</i>	<i>1115</i>	<i>✓</i>		<i>1600</i>	<i>25</i>	<i>H022(B)</i>	<i>✓</i>					<i>✓</i>					
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: