

VENETIAN BLINDS Order Form

Company / Shop: **BALERS / Gosford**

Sales Rep: **DAVE**
Customer Name: **DIGG**

Date: **21/1/26**
Order Reference: **361604**

Special Instructions

BLIND SIZE & SYSTEM							CONTROLS				OPTIONS				
Loc-ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code				Control Side		Fixing Brackets		Extras
							RHS (v)	LHS (v)	REV (v)	STD (v)	TOP (v)	FACE (v)			
1. BATHROOM	1120	1475	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2600	35				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2															
3															
4															
5															
6															
7															
8c															

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: