





# ROLLER BLINDS

## Order Form

Company/Shop: **SHAW H**

Date: **09-04-26**

Special Instructions

Sales Rep: **SHAW H**

Order Reference: **362182**

Customer Name: **DENT**

Options

Controls

BLIND SIZE & SYSTEM

Loc. ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/Benthin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps
									RHS (✓)	LHS (✓)						
BATH	838	1150	1/R		2400	32	EVITA	WHITE	R		NO	WHITE	STD	SHADE 1	STRM CNT	FABRIC WARM

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

FITTING NOTES: