GOSFORTH

BAILEYS BLINDS Page 1 of 1

Vertical Blind Order Form Fax No:

Date: 3.2.16 Date req: 9-2-16

Contact Name: NEWCASTLE CITY COUNCIL

Customer Order No: 315030

No	Type	Size	Fabric	Colour	H/R	W	D	Rac	Con	Fix	Sum	No of Vanes
	LB	3	EXLITE		W	2185	1925	18	R	T	R	
	LB	3	WHITE		W	2185	1925	16	L	T	L	

Special Instructions: FH 3300