GOSFORTH

**BAILEYS BLINDS** Page 1 of 1

**Vertical Blind Order Form** Fax No:

Date: 12/2/16 Date req: ~~Tuesday 9/12/16~~ 18-2-16

Contact Name: CATO

Customer Order No: 315357/R

F/4

| No | Type | Size | Fabric | Colour | H/R | W | D | Rev | Con | Fix | Dim | Hand Wand |
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Special Instructions: