TRANSMISSION VERIFICATION REPORT

TIME : 02/02/2016 08:18
NAME :
FAX :
TEL :

DATE,TIME	02/02 08:18
FAX NO./NAME	RAINBOW
DURATION	00:00:20
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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Rolleys Blinds GOSFORTH

Roller Blind Order Form

Fax No.

Date: 1/2/16

Date Re: TUES 9/2/16

Contact name: CATO

Customer Order No: 315357

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No.	Fabric	Colour	W	D	Rec	Con	Fix	Scallop	F/G Fade	Braid
1	GEMINI	7672	2375	1447	R	R	F	L	2438	