GOSFORTH

BAILEYS BLINDS Page 1 of 1

Vertical Blind Order Form Fax No: _____

Date: 11/2/16 Date req: 18-2-16

Contact Name: FOULGER

Customer Order No: 321117

F/7

No	Type	Size	Fabric	Colour	H/R	W	D	Rer	Con	Fix	Bun	No of Vanes
1	Vert	3½	Lambourne	G	1146	977	R	R	T	R		22 35
			ICE									

Special Instructions: