

263

PHONE:

ADDRESS:

POSTCODE:



LOCATION: *bedroom* BLIND TYPE: *roller blind*  
 BRACKET TYPE: *top* FABRIC: *roller specim. cotton*  
 SIZE: (R)(B)(G)

*Reverse Roll*

◀ 1157 ▶

▲ 1034 ▼

▲ ▼

◀ 1144 ▶

▲ 1037 ▼

▲ ▼

W:

D:

INSTALL: 2033

I have read and understood all of the information, products and measurements listed above and will be fitted with UK Child Safety Devices where necessary. I understand I can cancel my order at [info@littlehamptonblinds.co.uk](mailto:info@littlehamptonblinds.co.uk). I agree to pay a non refundable (after 24hrs cancellation)

2

PHONE:

ADDRESS:

POSTCODE:



LOCATION: *UC* BLIND TYPE: *Roller Blind*  
 BRACKET TYPE: *Top* FABRIC: *specimen. cotton*  
 SIZE: (R)(B)(G) CNTL/DRW: *RH*

*Reverse roll*

◀ 413 ▶

▲ 1035 ▼

▲ ▼

◀ 403 ▶

▲ 1035 ▼

▲ ▼

W: 413

D: 1035

INSTALL: 2034

I have read and understood all of the information, products and measurements listed above and will be fitted with UK Child Safety Devices where necessary. I understand I can cancel my order at [info@littlehamptonblinds.co.uk](mailto:info@littlehamptonblinds.co.uk). I agree to pay a non refundable (after 24hrs cancellation)