

ROLLER BLINDS

Order Form

Company / Shop: **SCOTBLINDS**

Sales Rep: **DAVID**

Date: **21-6-24**

Special Instructions

Customer Name: **CHRISTIE**

Order Reference: **6598**

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (a)	Exact (b)	Child Safety Installation Height (mm)	System 32/40/45/Bentlin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps	
									RHS	LHS (a)							
1 Bath	1140	1090	✓		2200	32	Polaris	White		✓	/	STD	STD	STD	STD	STD	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: