



Rainbow

APPONITMENT FORM

CUSTOMER DETAILS

Name

LAFFERTY

Phone Number

07746234493

01698

861632

Post Code

ML1 5QN

Email

Address: inc House No.

22 Main Street Cleland.

PRODUCT INFORMATION

Blind Type

vert / roller / vision

Colour

Windows

4 ?

Appointment Time

MORNING: 9-12

AFTERNOON 12-5

Appointment Date

friday 6/3 - PM - after 2pm

ADDITIONAL INFORMATION

Verticals - Linenweave Moonstone / sian Biscotti

Ronda Bone

Vision - firenze natural