

Signature Room Darkening Roller Blind System

Account Number	Date
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Account Name

Your order reference

Delivery Address
<small>(If left blank, we will assume that delivery is to your standard delivery address)</small>

Any additional information

Signature Room Darkening Roller Blind System		Blind 1	Blind 2	Blind 3	Blind 4	Blind 5
Mandatory Information	Quantity					
	Fabric					
	Colour					
	Width					
	Drop					
	Inside or Outside Recess					
	Cassette					
	Control Type					
	Motor Side					
	Bracket Type (Top/Face Fix)					
	Side Channel Fitting (Side or Face Fix)					
Optional Accessories (Motorised)	Charger					
	Charger Extension Cable					
	Control					