

Signature Panel Blind Order Form

Account Number

Date

Account Name

Your order reference

Delivery Address

(If left blank, we will assume that delivery is to your standard delivery address)

Any additional information

	Signature Panel Blind	Blind 1	Blind 2	Blind 3	Blind 4	Blind 5
Basic Information	Quantity					
	Fabric (Name and Colour, including finishing touch if applicable)					
	Width (cm)					
	Drop (cm)*					
	Recess or Exact Size					
Chain Control Information	Installation Height (cm)					
Heading Information	Panel Size					
	Control Type					
Chain Control Information	Control Length					
	Control Side					
Fitting Information	Stack					
	Brackets (Top/Face Fix)					
	Location (e.g. Bedroom, kitchen, dining room etc)					

* In order to conform to child safety legislation: Your chain drop must be at least 150cm less than your installation height.

If you require any assistance with filling in this form, please contact our sales office either by email; sales@hallishudson.com or phone; 01772 202202