

# Signature Perfect Fit Roller 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 Perfect Fit Roller Blind	Blind 1	Blind 2	Blind 3	Blind 4	Blind 5
<b>Basic Information</b>	Quantity					
	Fabric (Name and colour)					
	Frame Colour					
	Glass Width (cm)					
	Glass Drop (cm)					
	Bead Depth (mm)					
<b>Heading Information</b>	Control Type					