ORDER FORM FOR CASSETTE ROLLER BLINDS PRESTIGE

No: **Date of order:** **Delivery date:**

Seal of the Ordering Party	**Address of delivery ((if different than the address of the Ordering Party**	**Production/leave empty**

Lp.	Width of roller blinds [cm]			Height with glazing strips	Shape of glazing strips	Quantity	Name and no. of fabric	Control [L/R]	Colour of cassette and guides [white/brown]
	Width of the glass panel	Width of cant of glazing strips	Width with glazing strips						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									