

# ORDER FORM FOR CASSETTE ROLLER BLINDS BAMAR AL/PCV

No:

Date of order:

Delivery date:

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

No.	Width (with the glazing strip)	Height of guides	Quantity [psc.]	Name and no. of fabric	Control [L/R]	Colour of cassette and guides	Assembly tape on guides [wide/narrow]
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							