ORDER FORM FOR ROMAN BLINDS

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

/seal of the Ordering Party/

/Address of delivery (if different than the address of the Ordering Party)/

No.	Width of fabric [cm]	Total height [cm]	Quantity [sz.]	Operation [L/P]	Type			Finishing type		Notes
					A	B	C	Simple	Frill	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										