ORDER FORM FOR VERTICAL 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 [cm]	Height [cm]	Quantity [pcs.]	Name and number of fabric	Types of assambling		Types of controlling	Control [L /R]	Notes
					To ceiling	To wall			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									