

ORDER FORM

Ready made Vertical blinds

CUSTOMER

Customer/Client-No.

Phone

Fax

Person in charge

Commission

RECEIVER'S ADDRESS

Messrs.

Address

Postal code *Area*

for the attn. of

Delivery date

DISPATCH

UPS

Truck

Pick up

Others

OFFER-NO.

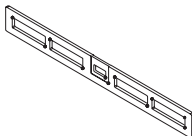
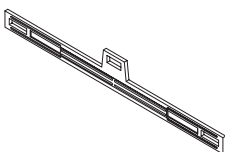
Please indicate, if an offer has been submitted.

Stamp

Date *Signature*

ORDER sundrapé® vertical blinds are being made to measure and cannot be returned nor exchanged.

Repeat! (If the fax has not been sent due to an error message)

	Pos.-No.	Client's pos.	Pcs.	Slat holder		Blind type *	Blind height	Blind length*	Quality		Accessories **	
				A	S				Quality-no.	width	with	without
				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<i>slat holder type A</i>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<i>slat holder type S</i>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Accessories see price list				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<i>pcs. art. no.</i>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

* If you do not know the type of blind, please indicate length of louvers.

**Accessories, distance chains, weights