

Signature Allusion Blind Order Form

Account Number	Date
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Account Name

Your order reference

Delivery Address

(If left blank, we will assume that delivery is to your standard delivery address)

Any additional information

	Signature Allusion Blind	Blind 1	Blind 2	Blind 3	Blind 4	Blind 5
Basic Information	Quantity					
	Fabric (Name and Colour)					
	Width (cm)					
	Drop (cm)*					
	Recess or Exact Size (cm)					
Heading Information	Headrail and Colour*					
	Stack*					
	Control Type*					
Chain Control Information	Installation Height (cm)					
	Control Drop*					
	Control Side*					
Motor Tilt Information	Wand Length*					
	Wand Position*					
	Tilt Remote Required*					
	Charger Required*					
Fitting Information	Brackets*					
	Location (e.g. Bedroom, Kitchen, Dining Room etc)*					

* If left blank we will assume standard specification (please refer to product binder for standard specification and additional options)