

Signature Intu Roller Blinds Order Form

Account Number

Date

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 Intu Roller Blinds | Blind 1 | Blind 2 | Blind 3 | Blind 4 | Blind 5 |
|--------------------------|------------------------------------|---------|---------|---------|---------|---------|
| Basic Information | Fabric (Name and Colour) | | | | | |
| | Colour of headrail and components | | | | | |
| | Glass Width (cm) | | | | | |
| | Glass Drop (cm) | | | | | |
| | Side Profiles (Standard, Large) | | | | | |