

# Signature Duette® Shades Skylight 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 Duette® Shades Skylight	Blind 1	Blind 2	Blind 3	Blind 4	Blind 5
<b>Basic Information</b>	Quantity					
	Fabric (Name and Colour)					
	Width (cm)					
	Drop (cm)					
	Recess or Exact Size (cm)**					
<b>Heading Information</b>	Colour of headrail and components*					
	Control Type*					
<b>Motorised Information</b>	Power Option*					
	Control Option*					
<b>Fitting Information</b>	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)

\*\* If recess size is specified, a 1 cm allowance will be made for free movement

If you require any assistance with filling in this form, please contact our sales office either by email; sales@hallishudson.com or phone; 01772 202202