

Outside Mount (Face-Fix)

Client Details:

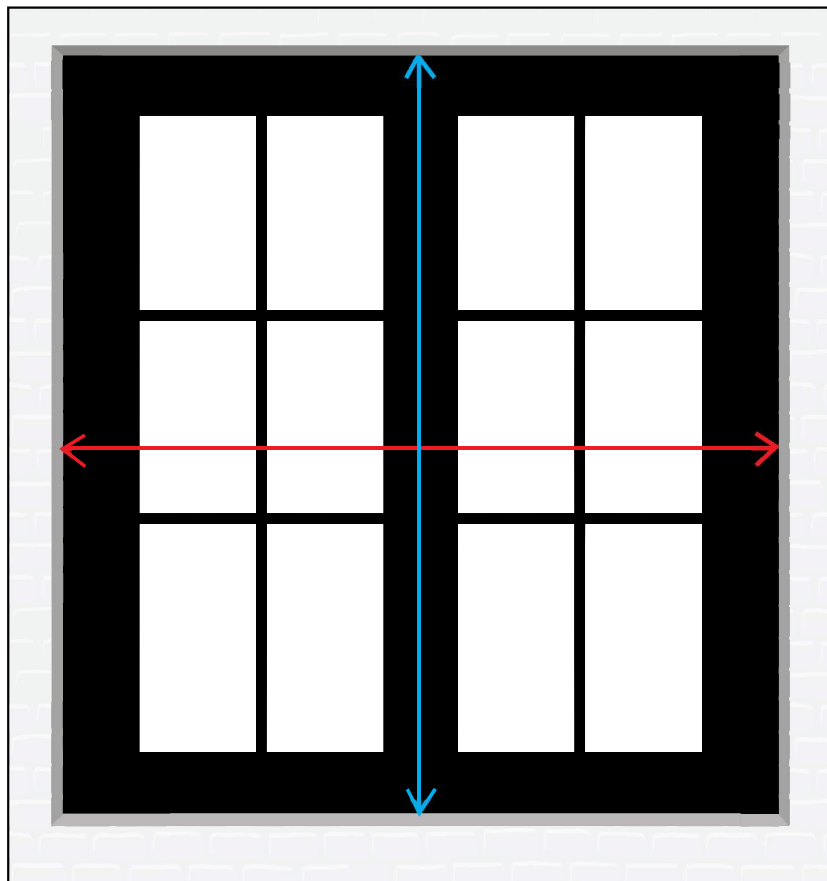
Name and Surname: _____
Email: _____
Tel: _____
Address: _____

Check Blind Type:

Vertical: 90mm 127mm
Venetian: 25mm
35mm
50mm
Roller: Double Roller
Roller with cassette
Roller tube

Height _____ mm

Width _____ mm



Notes:

We can add our standard 200mm by the Width and Height: _____

I hereby confirm that this is my own measurements: _____