

Client's name

 company _____
 reference _____

Request

 estimate
 order
Roller blind

 model _____
 profile cover box _____
 colour _____
 bottom rail _____ guide _____

Fabric

 name of model _____
 colour code _____
 application of small buttons
 application of splints for reinforcement

Type of mounting

 self-supporting
 wall
 ceiling
 profile of pre-assembly
 without support
Handling

spring	normal <input type="checkbox"/>			
chain	with friction <input type="checkbox"/>	combined <input type="checkbox"/>	with reduction <input type="checkbox"/>	
winch	normal <input type="checkbox"/>	staggered by 45° <input type="checkbox"/>	staggered by 90° <input type="checkbox"/>	→ removable crank rod YES <input type="checkbox"/> NO <input type="checkbox"/>
motor	normal <input type="checkbox"/>	electrical end stop <input type="checkbox"/>	radio <input type="checkbox"/>	→ remote control mono-ch. ____ pcs multi-ch. ____ pcs

Amount

 ____ pcs
 ____ pcs
 ____ pcs
 ____ pcs
 ____ pcs
 ____ pcs
 ____ pcs
 ____ pcs

Finished measure width

 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm

Finished measure height

 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm

Side of handling

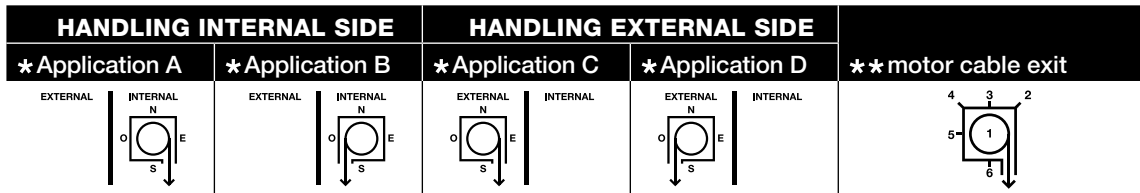
 L R
 L R
 L R
 L R
 L R
 L R
 L R
 L R
Type of winding *

 A B C D
 A B C D
 A B C D
 A B C D
 A B C D
 A B C D
 A B C D
 A B C D
length rod/chain

 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm
 ____ mm

motor cable exit from the cover box **

1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6


Privacy

Your indicated data will be used exclusively for the processing of your request. Without your accordance Marinello Tende will not use your data for any other purpose.

 NOTE (automation, special applications, other...) _____

 Date _____ Signature _____
 I need a new order form block
 The order form is available for download at www.marinellotende.com
