



Order Form

Pleated blinds Decomatic®



Client

Company name _____

Order number _____ Date _____

Footnotes

¹ Write the name or its index nr (the number You will find in the price list)

² For the width bigger than 1 meter we use higher profile

Shadow-System Sp. z o.o.
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LP:	Model	Amount	Profile color	Width S1 [mm]	Lenght H1 [mm]	Width S2 [mm]	Lenght H2 [mm]	Fabric nr.		Operation side		Montage parts		Standard handle Basic	Higher profile ² Modele: P1415 i P1615	Symbol of roof window FAKRO / VELUX	Rod	Site/ Remarks
								Upper	Lower	Left	Right	Up ¹	Down ¹					
1														Modern Metal				
2														Modern Metal				
3														Modern Metal				
4														Modern Metal				
5														Modern Metal				
6														Modern Metal				
7														Modern Metal				

Additional remarks _____

Without Shadow-system Logo

*Standard all products have a logo
Shadow-System 25mmx7mm



Terms of sale and warranty

I accept terms of sale and warranty



Check avaiability of the fabric before placing the order

