



Order form

Vertical Blinds Decomatic®



Client

Company name _____

Order number _____ Date _____

Shadow-System Sp. z o.o.
Kawle Dolne 4F
83-304 Przodkowo Polska

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Mobile: +48 508 200 339
E-mail: info@shadow-system.pl
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Social media: shadowsystemeu shadowsystem.de

LP:	Model	Amount	System colour	Width B [mm]	Lenght H [mm]	Slat nr.	Slat width	Operation side		Package			Overlap	Type of electric drive		Mounting handle -CLIP standard-regulated bracket			Site/ Remarks		
								Left	Right	L/R	Sides	Middle		with RTS	without RTS	60-108 mm	108-156 mm	156-204 mm			
1																					
2																					
3																					
4																					
5																					
6																					
7																					

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



SAVE



CLEAR



PRINT

Check availability of the fabric
before placing the order

