



Order Form

Roof Pleted Blinds/ Roof Rollo Blinds Skylight



Client

Company name _____

Order numer _____ Date _____

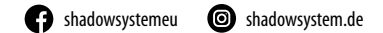
Footnotes

¹Window symbol from nameplate.

Shadow-System Sp. z o.o.
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83-304 Przodkowo Polska

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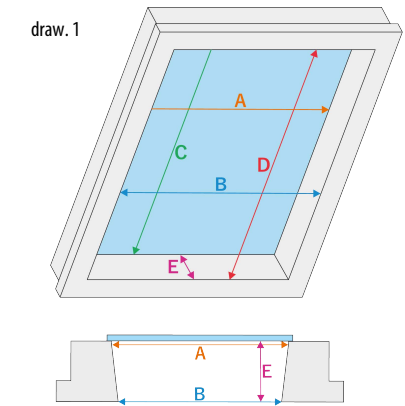
Social Media:



- If there is no nameplate the measurements are needed- according to scheme nr 1 -

LP:	Model	Amount	Fabric Nr.	Symbol of roof window FAKRO / VELUX ¹	Year of production roof window	Width A [mm](inner)	Lenght C [mm](inner)	Width B [mm] (outer)	Lenght D [mm] (outer)	Depth of the glazing rcess E [mm]	Site/ Remarks
1											
2											
3											
4											
5											
6											
7											

Measuremans if the producer different than FAKRO/VELUX/ROTO



- A - Glass width
- B - Inner width of the window frame
- C - Galss height
- D - Internal height of the window frame
- E - Depth of window frame

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

