SAMPURNA HOME FURNISHINGS PRIVATE LIMITED

Blinds Order Form

ORDER DATE _____ **ORDER NUMBER**_____

Customer Name _____

Company Name (if applicable)_____

Phone Number _____

Email Address _____

Shipping Address

Street address_____

City _____

State _____

PIN Code _____

Country _____

1. **Type of Blinds** Windows Roller Exclusive Blinds

   Quantity _____

   Size/Dimensions (W X H) _____

   Color/Material Preference (Choose from our Catalog) _____

   Special Requests/Notes_____

2. **Additional Customizations** Custom Photo Blinds

   Special Requests/Notes _____

3. **Installation Services** Yes, I require Professional Installation

Additional Specifications

Style Preference_____

Budget Range_____

Terms & Conditions

By submitting this order, you agree to the terms and conditions, including any delivery or installation fees.

Customer Signature_____

Date_____

SAVE