

IDEALBLINDS MEASURE SHEET

EMAIL

TEL:

ADDRESS:

NAME:

DATE:	ROOM	Width			Drop			Depth		EXTRA WIDTH	EXTRA DROP	FIT	Archtrv W x Th	Blind type	Control	All	TV	Fabric	MOUNT IS TO:	Drawing/ Comment
		Top	Middle	Bottom	Left	Middle	Right	At Top	Minimum											
8																				
7																				
6																				
5																				
4																				
3																				
2																				
1																				