



BLINDS 20000

The B-Hive Business Centre
White Room 1, Alum Way,
Skelton, Saltburn, TS12 2LQ

Phone 01287 622 055

Email blinds20000@blinds20000.com

Payment Methods: Cash, Cheque, BACS or Card.
Please note, we do not accept AMEX.

Customer Name

mark

Order Date

29/3/22

MF Number

23497

Additional Information

3-4 weeks

Customers are reminded that fitting dates are subject to availability.

Advised to remove existing curtains/blinds

Advised on gap on bay windows

Advised on uneven tiles - window sill

Signature

Please note fitting times may change due to traffic or unforeseen circumstances.

Quote

Manufacture

Rework

Quote sent 29/3/22

Quantity	Blind Type	Width (mm)	Drop (mm)	Size R/B/C	Track or Controls Colour	Slat Size	Fabric design, Colour & Supplier	Draw	Controls	Bracket Type & Colour	Venetian Slat Size	Room	Control Length	Price
1	Velux 99u	506		R	Silver		Yorkwell navy b/d.	L	R	32mm RR	101xK		1000	£15.20
1	Velux 99u	506		R	Silver		Blue Spine Bld	L	R	32mm RR	101xL		1000	£16.00
1	Velux 99u	506		R	Silver		Bella Sonar	L	R	32mm RR	101xL		1000	£15.20
1	Wf reblinds						Customer will collect + fit.							£500

acknowledge and confirm that:

- I am aware that my blind is fitted to contain a safety device which is designed to help prevent accidental strangulation of young children.
- It has been explained to me how this safety device works.
- I have been shown how to operate my blind(s).

holding in the child safety equipment endorsement and other for statutory rights as a consumer.

Company directors, representative, consultant and additional company representatives for the above mentioned company that handles all safety information to consumers. These rights are not intended to be a substitute for legal advice. You should seek legal advice if you have any concerns about your rights. The company and representative accept full responsibility for safety and safety device information. You should contact the company if you have any concerns about the safety device information. You should contact the company if you have any concerns about the safety device information.

Please note that a preferred time and date and that the specific fitting time. We will be happy to reach to book your fitting appointment and will keep as close to your desired time as possible.

Preferred Fitting Time:
 Preferred Fitting Date:
 Estimated fitting time:
 Estimated fitting date:
 Customer Signature:
 Representative Signature: