



BLIND SURVEY

Dore

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NAME: *Alison Glynosia Medical Group*
 TELEPHONE: *010 DOWN ROAD*
 ADDRESS: *162036 RENEY ST*
21930

CUSTOMER REF: *53141*
 MEASURE DATE: *9/10/20*
 PERFECT SURVEYOR: *SAM*

BLIND No	ROOM	TYPE	VARIETY	DESCRIPTION	REF	WIDTH	DROP	CONTROLS	BRACKETS	SURFACE	PRICE BRAND	PRICE
1	Office	Roller	Alison	white - P/S		850	1750	N/A	RT			165
2	Office			5% Pelmarks *		850	1750	N/A				165
3	Office	WISIRE		* Pelmarks *		850	1750	RT				165
4	Office	WISIRE		1% white and grey		1390	1120	Minimum 1310				160
5	Office	WISIRE			1640	1330	1120					160
6	Office	Roller	Management Rooms			1400	1120					160
7	Office	Roller	Management Rooms			1750	1200					200
8	Office	Roller	Management Rooms			1390	1120					160
9	Reception	5%				1850	1180					200
10	1st Floor	Roller				1360	1300					170
11	1st Floor	Roller				1360	1300					170
12	1st	Roller				1360	1300					170

* - *Diverted*
 2045
 150

ADDITIONAL COMMENTS: *CONTINUE TO OTHER ROOMS*
9 x MOTION &
9 x CONTRACTS
Plus Pelmarks

CUSTOMER SIGNATURE: _____

I HAVE CHECKED AND AGED WITH THE ABOVE CHOICES

PROVISIONAL FITTING DATE: _____

SUB TOTAL: *1895*

SALE AMOUNT: _____

DEPOSIT: _____

BALANCE: _____

blinds - shutters - bedrooms - contracts