

# BLIND SURVEY

NAME	Ellie Parrott	
ADDRESS		
TELEPHONE		
CUSTOMER REF		
MEASURE DATE		
PERFECT SURVEYOR		

BLIND No	ROOM	TYPE	VARIETY	DESCRIPTION	REF	WIDTH	DROP	CONTROLS	BRACKETS	SURFACE	PRICE BRAND	PRICE
	Living room											
L1						465	2235					
L2						485	2235					
L3						485	2235					
L4						465	2235					
mid bed												
L1						475	2235					
L2						460	2235					
Bed R						475	2235					
						460	2235					

ADDITIONAL COMMENTS	CUSTOMER SIGNATURE	SUB TOTAL					
	<p>I HAVE CHECKED AND AGREE WITH THE ABOVE CHOICES</p> <p>PROVISIONAL FITTING DATE</p>	<table border="1"> <tr> <td>SALE AMOUNT</td> <td>DEPOSIT</td> <td>BALANCE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	SALE AMOUNT	DEPOSIT	BALANCE		
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