

# BLIND SURVEY

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 TELEPHONE *65 Sardinia Wood Crescent*  
 ADDRESS *Welling 231 15X*

CUSTOMER REF *43570*  
 MEASURE DATE *25/9/18*  
 PERFECT SURVEYOR *SDW*

BLIND No	ROOM	TYPE	VARIETY	DESCRIPTION	REF	WIDTH	DROP	CONTROLS	BRACKETS	SURFACE	PRICE BRAND	PRICE
	<i>Living</i>	<i>Roller</i>	<i>Ribbed</i>	<i>Roller Screen</i>		<i>3650</i>	<i>2070</i>	<i>RTS</i>	<i>option 1</i>		<i>7800</i>	
				<i>1078 Street</i>		<i>1850</i>	<i>2070</i>	<i>Bar</i>	<i>option 2</i>		<i>8300</i>	
						<i>1800</i>		<i>opp.</i>	<i>normal</i>		<i>8300</i>	
									<i>SDW</i>		<i>8995</i>	
									<i>SDW</i>		<i>81045</i>	
									<i>SDW</i>		<i>81050</i>	
									<i>SDW</i>		<i>81100</i>	

*(Extra) (please P1100)*

ADDITIONAL COMMENTS

CUSTOMER SIGNATURE

I HAVE CHECKED AND AGREE WITH THE ABOVE CHOICES

PROVISIONAL FITTING DATE

SUB TOTAL		
SALE AMOUNT		
METHOD	DEPOSIT	
BALANCE		