

# BLIND SURVEY

*Quote*

NAME: *Mel*  
 TELEPHONE: *07947 131784*  
 ADDRESS: *4 Vauxie Close W2 H10 4XS*

CUSTOMER REF: *45590*  
 MEASURE DATE: *4/4/19*  
 PERFECT SURVEYOR: *201W*

BLIND No	ROOM	TYPE	VARIETY	DESCRIPTION	REF	WIDTH	DROP	CONTROLS	BRACKETS	SURFACE	PRICE BRAND	PRICE
1	<i>Living</i>	<i>Wood</i>	<i>Wend</i>	<i>8144</i>		<i>1175</i>	<i>950</i>	<i>LIN</i>	<i>W</i>			<i>95</i>
2	<i>D/Room</i>	<i>Wood</i>	<i>Wend</i>	<i>8160</i>		<i>1210</i>	<i>1290</i>	<i>LIN</i>	<i>W</i>			<i>120</i>
3	<i>Living</i>	<i>Wood</i>	<i>Wend</i>	<i>8290</i>		<i>1775</i>	<i>1320</i>	<i>LIN</i>	<i>W</i>			<i>145</i>
<p><i>Done wood</i></p> <p><i>2</i></p> <p><i>26 DIS 8 114</i></p> <p><i>8574</i></p> <p><i>8460</i></p>												

ADDITIONAL COMMENTS

CUSTOMER SIGNATURE

I HAVE CHECKED AND AGREE WITH THE ABOVE CHOICES

PROVISIONAL FITTING DATE

SUB TOTAL

SALE AMOUNT

METHOD

DEPOSIT

BALANCE