

Register



11 King St, Stenhousemuir, Larbert FK5 4HD  
 Tel: 01324 555533  
 sales@scot-blinds.co.uk  
 www.scot-blinds.co.uk

Customer's Name Emma McKean  
 Address 14 Griffiths Street  
Falkirk  
 Post Code FK1 5AJ

Tel home  
 Tel work  
 mobile 07969 136761  
 email

DATE MEASURED/ORDERED  
18 / 11 / 19

Measured By:  
Graeme

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	<input checked="" type="checkbox"/>
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS 02481

1205 mm RAIL.

PCUSI	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

Fitted By DATE DAY AM PM

rail type & colour			white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets	
alum	white	brown			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Linn L	<u>728</u>	<u>2031</u>	<u>76</u>	<u>Pure white</u>	<u>L</u>		<u>375</u>
M	<u>1195</u>	<u>2031</u>	<u>L</u>	<u>L</u>	<u>LR</u>		<u>655</u>
R	<u>716</u>	<u>2031</u>	<u>L</u>	<u>L</u>	<u>R</u>		<u>390</u>
<u>L frame silver tilt.</u>							

SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE FITTED, THEN THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR CONTRACT. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH INSTALLATION HAS NOT BEEN CARRIED OUT.

I have ordered the above goods and agree to pay the amount shown in full at the time of fitting. If payment is not made in full at that time Scotblinds, has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £ 1400.

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature [Signature]

CASH CHEQUE CARD

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

