

# Register



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

DATE MEASURED/ORDERED  
 20/2/20

Measured By:  
 Graeme

**SPECIAL INSTRUCTIONS**

02717

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

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

Customer's Name Mrs Harris  
 Address 5 Tygetshaugh Court  
Thistle Avenue  
Denny Post Code FK6 6LQ

Tel. home	
Tel. work	
mobile	07878 205053
email	

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

Fitted By	DATE	DAY	AM	PM

rail type & colour alum white brown	white chain	welded in weight	recess size	Motorised	wood fix	stone fix	brackets top face
			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Living	1442	1235	50	Camelion	STD	2400	187
Kitchen	768	1005	+	L	STD	2500	91
				NO TAPES.			
							278.

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 £ 225  
 DEPOSIT £ 50  
 BALANCE £ 175

PD 21/2/20 1861  
 PRICE ACCEPTANCE Customer's Signature  
*Mrs Harris*

CASH	<input checked="" type="checkbox"/>	CHEQUE	<input type="checkbox"/>	CARD	<input type="checkbox"/>
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**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

