

# SCOTBLINDS

BLINDS • CURTAINS • SHUTTERS

11 King St, Stenhousemuir, Larbert FK5 4HD

Tel: 01324 555533

sales@scot-blinds.co.uk

www.scot-blinds.co.uk

Customer's Name Mark Gillespie  
 Address 281 Stirling Street  
Dunipace  
Denny Post Code FK6 6BT

Tel. home	
Tel. work	
mobile	<u>07989 466534</u>
email	

WUBLY

DATE MEASURED/ORDERED	<u>28 / 06 / 21</u>
-----------------------	---------------------

Measured By:	<u>Mark E.</u>
--------------	----------------

## SPECIAL INSTRUCTIONS

20" Bracket  
White Profile

03937

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Fitted By	DATE	DAY	AM	PM

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Hall	660	1230	25	7421	LH	2000	91
Bed	698	1270	Fit (R)	Memphis Black			150
L/Rm	586	1268	Fit (L)	7421	L		208
L/Rm	586	1268	Fit (R)	7421	R		208
Kitchen	618	1000	Fit (L)	7421	R		187
							844
							-15% Discount

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 50% deposit and the remaining balance on the day 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 £ 717

DEPOSIT £ 358

BALANCE £ 359

PRICE ACCEPTANCE Customer's Signature

Q

CASH	CHEQUE	CARD
------	--------	------

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

