

Note Sent by email



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  
15/ 8 / 22

Measured By:  
MARK E

SPECIAL INSTRUCTIONS

05042

~~James H @ live.com~~  
claireb11@  
live.com

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

Customer's Name BLACK  
Address GOODVIEW,  
THORNHILL, STIRLING  
Post Code FK8 3QE

Tel. home	
Tel. work	
mobile	07803814525
email	

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 face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Master	1550 2000 945 795	1855	22				1550
bed 2	832	1300	Roll		RH	2100	145 142
bed 3	830	1315	Roll		RH	2100	145 142
Shower	830	970	Roll		RH	2100	114
	830	1060	Roll		RH	2100	125
Living	830	1265	Roll		RH	2100	125
	1490	730	Roll		RH	2100	158
Land	2025	2100	Roll	cc	RH	2100	370
	780	1844	P. Ven		LH	16"	331
	780	1844			RH	16"	
Kitchen	2425	665	Roll		RH		270

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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

*[Signature]*

CASH	CHEQUE	CARD
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**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

