



BLINDS • CURTAINS • SHUTTERS

11 King St, Stenhousemuir, Larbert FK5 4HD

Tel: 01324 555533

sales@scot-blinds.co.uk

www.scot-blinds.co.uk

Ordered

DATE MEASURED/ORDERED

21/9/22

Measured By:

MARK E

SPECIAL INSTRUCTIONS

05123

Fitter note:  
Shower:  
Face onto frame  
dont drill tiles

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

Customer's Name EWING  
 Address 5 COMELY PARK TER  
FALKIRK  
 Post Code FK11QD

Tel. home	
Tel. work	
mobile	07712921838
email	

CURTAINS	
PLEATED	
ROLLERS	<input checked="" type="checkbox"/>
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<input checked="" type="checkbox"/>
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
								<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
Shower	840	1135	Roll	Metz ash	RH	2300	125
				Repose Roll			
				Chrome ends			
				Chrome chain			
Lounge	2375	1440	89	Atlantex asc	LH	2100	230
				Stone			
							355

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	£ 350
DEPOSIT	£ 175
BALANCE	£ 175

PO 2109 SB VISA  
 PRICE ACCEPTANCE Customer's Signature  
*[Signature]*

CASH	CHEQUE	CARD
		<input checked="" type="checkbox"/>

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

