

SCOTBLINDS

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
 18 / 11 / 22

Measured By:
 MARKE

SPECIAL INSTRUCTIONS 05292

leanne.rae@btinternet.com

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

Customer's Name RAE
 Address 5 ROBERTSON PLACE
STIRLING
 Post Code FK7 0DL

Tel. home	
Tel. work	
mobile	07703526551
email	

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

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
Kitchen	930	1380	50	True + Tapes		2700	185
	430	780	50			2400	91
Lounge	885	1650	50			2600	167
	885	1650	50			2600	167
Bed ①	930	1650	50			2700	185
Bath	780	1190	50			2700	119
							914

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 £ 914
 DEPOSIT £ 457
 BALANCE £ 457

PRICE ACCEPTANCE Customer's Signature Q

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

