

# Rainbow Blinds

TEL: 01698 351888  
 sales@rainbow-blinds.com  
 rainbow-blinds-and-interiors.co.uk

Customer's Name CHRISTINA STEELMAN  
 Address 19 Devine Court  
Wishaw  
 Post Code ML2 7ES

Tel. home	
Tel. work	
mobile	07979862309
email	

DATE MEASURED/ORDERED
30 / 08 / 21
Measured By:
Graeme

SPECIAL INSTRUCTIONS	
BAM EXAG - KISSAN EXAG	

5883

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	✓ P-Br.
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
Living L	663	985	38	SNOW NO TARS	SM	2400	85
Living R	365	1768	25	1050	L/R	2400	180
	364	1768	25	L.	R	+	180
Living 2	680	985	38	SNOW NO TARS	SM	2400	85
BEDR	1790	1200	50	SNOW	SM	2360	180
L	1800	1203	50	SNOW	SM	2350	180
BAM	1300	1040	38	SNOW	SM	2400	137
KISSAN	1300	1090	38	SNOW	SM	2400	137
							1029
				* RE MEASURE KISSAN *			820
							110

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 Rainbow Blinds, 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. Deposit non-refundable if customer cancels. Full T's & C's on website.

TOTAL PRICE £ 820

DEPOSIT £ 410

BALANCE £ 410

PRICE ACCEPTANCE Customer's Signature  
*[Signature]*

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

