

DATE MEASURED/ORDERED  
7/12/23

SPECIAL INSTRUCTIONS

4889

Tel: 0131 665 9933  
sales@sunrite.co.uk  
www.sunrite.co.uk

Customer's Name Bandy  
Address 1F2 102 Bruntsfield place, Edinburgh  
Post Code EH10 4ES

Tel. home  
Tel. work  
mobile 07823884274  
email

Measured By:

CARY

CURTAINS	
PLEATED	
ROLLERS	✓
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

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

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
Ban L	710	2230	Roller	HALO PURE	L	2700	117
↓ C	1365	↓	↓	↓	R	↓	187
↓ R	710	↓	↓	↓	R	↓	117
<del>BED L</del>	<del>865</del>	<del>↓</del>	<del>↓</del>	<del>↓</del>	<del>L</del>	<del>↓</del>	<del>141</del>
BED L	865	↓	↓	↓	L	↓	141
↓ R	865	↓	↓	↓	R	↓	141
BACK BED	940	↓	↓	↓	R	3100	141
				CONT. CHAIN CURTAINS.			£844
							117-
							£744

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 Sunrite 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 £ 744  
DEPOSIT £ 372  
BALANCE £ 372

PO 0812 VISA  
PRICE ACCEPTANCE Customer's Signature

GO AHEAD 8/12/23 - ADDED TO DIARY.

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

CASH CHEQUE CARD