

Rainbow Blinds

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

Customer's Name COCOZZA
 Address 3 Rowan Grove
Quarter
Hamilton Post Code ML3 7TT

Tel. home	
Tel. work	
mobile	<u>07896969035</u>
email	

DATE MEASURED/ORDERED
<u>14/11/19</u>
Measured By:
<u>GARY</u>

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

Register

SPECIAL INSTRUCTIONS

4028

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

Fitted By	DATE	DAY	AM	PM

alum	white	brown	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top	brackets face
	<input checked="" type="checkbox"/>				<u>GLASS</u>					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KITCHEN	<u>945</u>	<u>1732</u>	<u>P/FIT</u>	<u>LEWIS SHINE BLACK</u>	<u>-</u>	<u>20+22</u>	<u>205</u>
↓	<u>945</u>	<u>1732</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>205</u>
DINING	<u>700</u>	<u>790</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>144</u>
↓	<u>700</u>	<u>790</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>144</u>
							<u>£ 698</u>

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.

TOTAL PRICE £ 698

DEPOSIT £ 148

BALANCE £ 550

PO 1411 VISA
 PRICE ACCEPTANCE Customer's Signature

[Handwritten Signature]

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

