

# Rainbow Blinds

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

Customer's Name J. Kerr  
 Address 15 Lamond Crescent  
Alexandria  
 Post Code G183 0RJ

Tel. home	
Tel. work	
mobile	<u>07934732882</u>
email	

DATE MEASURED/ORDERED
<u>5 / 2 / 20</u>
Measured By:
<u>Allan</u>

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

Register

<b>SPECIAL INSTRUCTIONS</b>		4150
P/CUST		
NET		
PRESS		
RADIO		
MAG.		
VAN		
RECC.		
SHOP		
TV		
YELL P		
OTHER		

<b>Fitted By</b>	DATE	DAY	AM	PM

rail type & colour alum white brown	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top 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
	<u>1966</u>	<u>1536</u>		<u>EXP SNOW</u>		<u>2500</u>	<u>266</u>
	<u>1438</u>	<u>1545</u>				<u>2400</u>	<u>187</u>
							<u>453</u>
						<u>-20"</u>	<u>(362)</u>
				<u>WITH TAPS</u>			<u>319</u>
							<u>224</u>
							<u>543</u>
							<u>(434)</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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

Q .....

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

