

Rainbow Blinds

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

Customer's Name D. McLaughlin
 Address Celand Joiners + Builder
8 Kirklee Circus
Glasgow Post Code G12 0TW

Tel. home	
Tel. work	
mobile	<u>01720555362</u>
email	

DATE MEASURED/ORDERED
<u>24/2/20</u>

Measured By:
<u>Gary</u>

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

Register

SPECIAL INSTRUCTIONS	

4170

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"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Bedroom	1510	1300	Roller	GEMINI PEPPER REV ROLL	R motor	3600	137
	1095	1300	↓	↓ ↓ ↓ ↓	L ↓	↓	113
				44mm BENTON TUBE			
				2x SONNESSE 40			400
Bedroom	GGL	CK02	VELUX	1025 ELECTRIC			181
				TELIS 4			50
				TANTONMA BOX			279
							116
							881.00

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 £ 881

DEPOSIT £ 176.00

BALANCE £ 705

PO 0303 VISA
 PRICE ACCEPTANCE Customer's Signature

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

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

