

# Rainbow Blinds

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

Customer's Name T McCue  
 Address 8 Gala Crescent  
Wishaw  
 Post Code ML2 7JS

Tel. home 01698 371 660  
 Tel. work  
 mobile  
 email

DATE MEASURED/ORDERED  
31 / 7 / 20  
 Measured By:  
Grony

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

Registered

SPECIAL INSTRUCTIONS

4394

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
DINING	1000	1235	89mm	VIVA FROST	RS	2180	100
LOUNGE	1995	1233	↓	↓	LS	2190	174
BACK BED	2005	1255	↓	↓	LS	2220	174
FRONT BED	2007	1270	↓	↓	RS	↓	174
HALL	525	925	↓	↓	RS	1620	82
						CORD AT 300MM	
							<del>£784</del>
							<del>£20%</del>
							<del>£564</del>
							<b>£498</b>

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

