Register

4567

# Rainbow Blinds

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

| DATE MEASURED/ORDERED |
|---|
| 9/9/20 |

| Measured By: |
|---|
| Gary M |

**SPECIAL INSTRUCTIONS**

Shadow Cord for Chain

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

Customer's Name Dver

Address 72 Ivanhoe Cres
Wishaw

Post Code ML2 7DP

| | |
|---|---|
| Tel. home | |
| Tel. work | |
| mobile | 07932 629250 |
| email | |

| | | |
|---|---|---|
| CURTAINS | | |
| PLEATED | | |
| ROLLERS | | |
| ROMANS | | |
| SHUTTERS | | |
| VENETIAN | | |
| VERTICALS | | |
| VISION | | |
| WOODEN | | |

| Fitted By | DATE | DAY | AM | PM |
|---|---|---|---|---|
| | | | | |

| rail type & colour alum | white | brown | white chain | welded in weight | recess size | Motorised | wood fix | stone fix | brackets top | face |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

| Room | Width | Drop | Slat Size | Colour | Control LH or RH | Fitting Height | Price |
|---|---|---|---|---|---|---|---|
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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. Deposit non-refundable if customer cancels. Full T's & C's on website.

**TOTAL PRICE** £

**DEPOSIT** £

**BALANCE** £

**PRICE ACCEPTANCE** Customer's Signature

.....

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

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

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION