



Tel: 0131 665 9933
 sales@sunrite.co.uk
 www.sunrite.co.uk

Customer's Name Mr Daygall
 Address 9 Pentland View
RD, Kirkeliston
 Post Code EH29 9DB

Tel. home _____
 Tel. work _____
 mobile 07979462178
 email _____

DATE
 MEASURED/ORDERED
23/9/20

Measured By:
Cary M

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

Register
 SPECIAL INSTRUCTIONS 3363

18u Brackets
For Phx

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

Fitted By	DATE	DAY	AM	PM

rail type & colour alum white brown	white chain <input checked="" type="checkbox"/>	welded in weight	recess size <input checked="" type="checkbox"/>	Motorised	wood fix <input checked="" type="checkbox"/>	stone fix <input checked="" type="checkbox"/>	brackets top face <input checked="" type="checkbox"/>
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Backdoor	495	892	Plt	Moire 13/6 Natural @	Spring		133
Window	959	1153	/	↓ ↓ ↓	R	2334	115
Front Door	576	894	Plt	↓ ↓ ↓	Spring		133
							381
						201	£300

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 Sunrite 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 £ 300
 DEPOSIT £ 150
 BALANCE £ 150

PO 2309 VISA
 PRICE ACCEPTANCE Customer's Signature
[Signature]
 CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING