

# Rainbow Blinds

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

Customer's Name Maxwell  
 Address 7 Aberfeldy Av  
Blantyre  
 Post Code G12 0TB

Tel. home	
Tel. work	
mobile	<u>07711 398 117</u>
email	

DATE MEASURED/ORDERED	<u>16/9 120</u>
Measured By:	<u>GARY - M</u>

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

Register

<b>SPECIAL INSTRUCTIONS</b>		4598
P/CUST		
NET		
PRESS		
RADIO		
MAG.		
VAN		
RECC.		
SHOP		
TV		
YELL P		
OTHER	<input checked="" type="checkbox"/>	

Fitted By	DATE	DAY	AM	PM

rail type & colour alum white brown			white chain	welded in weight	recess size <u>Fabric</u>	Motorised	wood fix	stone fix	brackets top face <input checked="" type="checkbox"/>
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>Bedroom</u>	<u>629</u>	<u>1070</u>		<u>Limmi Cinder</u> ☉ <u>Athletic Top Box &amp; Bottom</u> <u>Base</u>		<u>2172</u>	<u>£157</u>
<u>Kitchen</u>	<u>664</u>	<u>992</u>		<u>Acacia</u> /		<u>245</u>	
							<u>£130</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. Deposit non-refundable if customer cancels. Full T's & C's on website.

TOTAL PRICE £ 180

DEPOSIT £ 80

BALANCE £ 100

PO CASH 17/9/20  
 PRICE ACCEPTANCE Customer's Signature

*[Signature]*

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

