



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

Customer's Name Stewart
 Address 15 Kirklands park
Gardens
Kirkelistan Post Code EH29 9ET

Tel. home _____
 Tel. work _____
 mobile 07941990659
 email _____

DATE MEASURED/ORDERED
23/10/20

Measured By:
Gary

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Register

SPECIAL INSTRUCTIONS 3434

22 m 132 + D

MW
 P.L.
 3350
 2870
 2290

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	Motorised	wood fix	stone fix	brackets top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
L Boltorn 1	548	927		0204 A			132
2	585	927					
3	585	927					
4	599	927					
5	773	927					153
6	761	927					
7	761	927					
8	761	927					
9	774	927					132
10	597	927					132
11	549	927					132
Upl 1	455	210					98
2	493	210					
3	493	210					
4	504	210					
5	679	210					
6	665	210					
7	666	210					
8	666	210					
9	685	210					

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 £ 2220

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

