

Rainbow Blinds

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

Customer's Name Young
 Address 20 Dalzell Avenue
Motherwell
 Post Code ML1 2BX

Tel. home 01698 266729
 Tel. work
 mobile
 email

DATE MEASURED/ORDERED
14 / 10 / 20
 Measured By:
Gary M

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

SPECIAL INSTRUCTIONS

4728

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	brackets face
			<u>chrome</u>		<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
<u>LEFT</u>	<u>2405</u>	<u>1153</u>		<u>Parker Calico Elements</u>	<u>LH</u>	<u>2431</u>	<u>692</u>
<u>RIGHT</u>	<u>553</u>	<u>1150</u>		<u>(Colonial Scallop Antique Ecru Braided)</u>	<u>RH</u>	<u>2650</u>	<u>664</u>
				<u>£32</u>			
				<u>£8</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 £ 250
 DEPOSIT £ 125
 BALANCE £ 125

pd 1410 ULSA
 PRICE ACCEPTANCE Customer's Signature
* [Signature]
 CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

