

# Rainbow Blinds

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

Customer's Name Strang  
 Address 110 Patricksholm  
Avenue Stonehouse  
 Post Code ML93JS

Tel. home	
Tel. work	
mobile	<u>07754513716</u>
email	

DATE MEASURED/ORDERED
<u>27/10/20</u>

Measured By:
<u>[Redacted] GARY</u>

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

4817

**Register**

**SPECIAL INSTRUCTIONS**

Come out + fit window

Tue or Wed. Day

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

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
									<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LEFT 1	616	1388		Seattle pure white uci	L		205
2	587	↓		76r	L		195
3	571	↓		DOUBLE C frame	R		190
4	626	↓		5x full length cover strips	R		208
				Mid Rail 3991			
							798

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 £ 798

DEPOSIT £ ~~399~~ 400

PO 2710 VISA  
 PRICE ACCEPTANCE Customer's Signature  
[Signature]

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