

# Rainbow Blinds

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

Customer's Name Little John  
 Address 40 Massnewe Park  
Wishaw  
 Post Code ML2 8JT

Tel. home	
Tel. work	
mobile	<u>07960033704</u>
email	

DATE MEASURED/ORDERED
<u>5/11/20</u>
Measured By:
<u>Des</u>

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

**Register**  
**SPECIAL INSTRUCTIONS**  
fit to front  
Edge  
10-14  
DAYS

4867

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	white chain	welded in weight	recess size	Motorised	wood fix	stone fix	brackets top	face
alum white brown			<input checked="" type="checkbox"/>					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>K</u>	<u>820</u>	<u>1030</u>	<u>25mm</u>	<u>Tuscan Gold</u> <u>OR VISIONS</u> <u>GOLD 7529</u>			<del>£190</del>  <u>£121</u>
				<u>STD Controls</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 £ 120'00  
 DEPOSIT £ 30'00  
 BALANCE £ 90'00

PO CASH 6/11/20  
 PRICE ACCEPTANCE Customer's Signature  


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

