

# Rainbow Blinds

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

Customer's Name Hayes  
 Address 12 Keir Crescent  
Wishaw

Post Code M12 7JY

DATE MEASURED/ORDERED  
25/11/20

Measured By:  
Des

**REGISTER**  
**SPECIAL INSTRUCTIONS**  
 Fit to Front Edge  
 B4-MAS  
 P.T.A.

4985

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<input checked="" type="checkbox"/> X3
VISION	
WOODEN	

Tel. home

Tel. work

mobile 074 27051602

email

Fitted By	DATE	DAY	AM	PM

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Bed	60 3/8	49 1/8		<del>Cherette</del>	SPLIT RH	94"	147
Bed	22 1/8	49 1/8		<del>Settee</del>	1 RH RH	94"	86
HALL	22 3/8	37 1/8			RH RH	94"	77
				Turilli Carbon			310

PAID In full.

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 £ 300

DEPOSIT £ 300

BALANCE £ Zero

PO 2511 VISA  
 PRICE ACCEPTANCE Customer's Signature  
[Signature]

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

CASH  CHEQUE  CARD

