

Rainbow Blinds

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

Customer's Name NANAMI GREEVEMBERG
 Address 8 Balglass Drive
Balfon Glasgow
 Post Code G63 0VA

Tel. home	
Tel. work	
mobile	07799037432
email	

DATE MEASURED/ORDERED
20/04/21

Measured By:
Graeme

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

SPECIAL INSTRUCTIONS

5179

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

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"/>							

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price Pleats, Rollers
PANO L	384	984	P-Fit	ACACIA SILVER	18mm	133	101
	479	734				131	101
	361	1744				160	159
	361	1744				160	159
	476	734				131	101
R	384	984				133	101
DINING	374	906			18mm	133	101
						981	823
	590	1120					
						785	655

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 £ 655.00
 DEPOSIT £ 300.00
 BALANCE £ 355.00

PRICE ACCEPTANCE Customer's Signature
Po 0705 VISA
G/A 07/05/21

CASH	CHEQUE	CARD
------	--------	------

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

