

Rainbow Blinds

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

Customer's Name **SPOWART, SPURF**
 Address **7 Keirsbeath Rise Kingseat Dunfermline**
 Post Code **KY12 0UN**

Tel. home **0133841418**
 Tel. work
 mobile
 email

DATE MEASURED/ORDERED
31 / 05 / 21
 Measured By:
Graeme

SPECIAL INSTRUCTIONS

5421

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

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

Fitted By	DATE	DAY	AM	PM

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Cons L	787	1775	25	8598 (B)	WAND	L	244
	765	1775				R	244
*	1030	1480			R	2150	146
	1070	1480			L		146
	1035	1480			L		146
	1040	1480			R		146
	1030	1480			R		146
	1030	1480			R		146
	1040	1480			R		146
R	1005	1480			R		146
							1656.

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 £ **1325**
 DEPOSIT £
 BALANCE £

PRICE ACCEPTANCE Customer's Signature

[Signature]

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD

