AdamsBlinds®
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① MEASURE SHEET: [ ] of [ ]   **JOB REF.: JL**   **DATE:** [ ] [ ] [ ]

	LOCATION *e.g.: Bedroom 1*	BLIND TYPE *e.g.: Vertical*	FABRIC NAME / COLOUR NAME *e.g.: Deluxe White*	WIDTH (mm) *e.g.: 1100*	DROP (mm) *e.g.: 2200*	MEASURE TYPE *R = Recess, BS = Blind size, FS = Fabric size*	CONTROL SIDE *R = Right, L = Left, RHC = Right H Control, RHS = Right H Stack*	INSTALL. HEIGHT *From floor to the top of the blind e.g.: 220cm*	WALL / CEILING MATERIAL *P = Plaster, C = Concrete, W = Wood*	INSTALLATION REQUIRES DRILLING INTO THE: WINDOW / DOOR FRAME	CEILING / WALL	OTHER (please specify)
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AdamsBlinds®
LONDON

2 **Estimated installation time:** _____ minutes

3 **Is scaffolding required?*** YES ☐ NO ☐ *additional fees may apply

4 **Number of fitters required:** _____

5 **Existing items (blinds, poles, curtains) will be removed and disposed of:**

☐ by the Fitter ☐ by the Customer ☐ N/A

- No. of existing items to be **removed:** _____ £10/item
- No. of existing items to be **disposed of:** _____ £10/item

Total: £ _____ —or— ☐ **free of charge**

6 **After installation, the disposal of all packaging materials will be carried out:**

☐ by the Fitter ☐ by the Customer ☐ N/A

7

I have reviewed the measure sheet and confirm that the blind type, fabric name/color, and control sides are accurate. I also agree to the drilling locations marked for each blind on the front of this page.

I acknowledge that completion of the project or installation within a single session cannot be guaranteed. AdamsBlinds® reserves the right to return as necessary if the job requires multiple visits, depending on the complexity of the project.

I hereby confirm that upon placing an order for any AdamsBlinds® products and/or services, I agree to adhere to the AdamsBlinds®' FULL *'Terms & Conditions'*, the *'Appointment Cancellation Policy'*, and the procedures outlined for the provision of AdamsBlinds® services, as detailed on their website pages including '*Warranty*', '*Services*', '*Our Process*', and '*Payment*'. These documents are accessible on www.adamsblinds.co.uk, and copies can be requested at any time via email at info@adamsblinds.co.uk, through WhatsApp at 0784 970 9975, or by phone at 02070 965 030.

I acknowledge that AdamsBlinds® places a significant emphasis on the documentation of verbal agreements to maintain transparency and fairness. I am aware that any verbal agreements made by members of the AdamsBlinds® team are not legally binding unless documented. Consequently, I will ensure to request written confirmation via email or respond to ongoing discussions with their team for any verbal agreement.

Who signs this document?

☐ the property owner ☐ the contractor

☐ the tenant *other:* _____

- **FULL NAME:** _____
- **SIGNATURE:** _____
- **TELEPHONE:** _____

Signing this document does not bind you to make any purchases from AdamsBlinds®. However, the points outlined above form part of the full *Terms and Conditions* and are fully applicable upon placing an order for our products and services.

Thank you!