

Customer's Name Robertson  
Address Highview house  
Countesswells Cults  
Post Code AB15 9BE

Tel. home  
Tel. work  
mobile 07711389205  
email

DATE  
MEASURED/ORDERED  
16/11/18

CURTAINS	
PLEATED	
ROLLERS	<input checked="" type="checkbox"/>
ROMANS	<u>1-3</u>
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

		AM PM (MEASURING TIME)		P/CUST
MON				NET
TUE				PRESS
WED				RADIO
THU		<input checked="" type="checkbox"/>		MAG.
FRI				VAN
		AM PM (FITTING TIME)		RECC.
MON				SHOP
TUE				TV
WED				YELL P
THU				OTHER
FRI				

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

Room	No.	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
<u>Sun</u>		<u>1310</u>	<u>1140</u>	<u>Rou</u>	<u>Baci</u>	<u>RL</u>	<u>2400</u>	<u>Beam Control</u>	<u>9</u>
<u>Bed</u>		<u>1905</u>	<u>1140</u>	<u>"</u>	<u>Winston</u>	<u>RL</u>		<u>Gear Control</u>	<u>19</u>
					<u>Silver</u>				<u>29</u>
<u>Memorandum</u>									
							<u>133</u>		
							<u>199</u>		

rail type & colour alum white brown	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top face
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measured by <u>[Signature]</u>	date	fitted by	date	CASH	CHEQUE	SPREE
				INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1<sup>ST</sup> APRIL 2014 MUST COMPLY WITH NEW CHILD SAFETY LAWS. SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. REFUSAL TO ALLOW SAFETY DEVICE TO BE FITTED WILL RESULT IN THE BLINDS NOT BEING INSTALLED. UNDER THE TERMS OF THIS CONTRACT YOU WILL BE LIABLE TO ACCEPT DELIVERY AND PAY THE FULL AMOUNT. 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 Aberdeen Blind Company Ltd 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.

TOTAL PRICE £ 298  
DEPOSIT £ 40  
BALANCE £ 258

To Be Confirmed  
PRICE ACCEPTANCE  
Customer's Signature

[Signature]

Special Instructions