

Cust: **NHS - CLINICAL PHARMACOLOGY**
Add: **LEVEL 4 - DRUGS ZONE**
W-Hill Post Code: **AB9 8DP**

Tel. Home: _____
Tel. work: _____
mobile: **01224 741507**
email: _____

DATE MEASURED/ORDERED
10/10/19

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

AM PM (MEASURING TIME)

MON			
TUE			
WED			
THU			
FRI			

AM PM (FITTING TIME)

MON			
TUE			
WED			
THU			
FRI			

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

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
Rm 1		1080	2125	84	PL	RH	3100		
2		1090	2125		White	RH			
5		1080	2125			RH			
GRABILE		1065	1800			RH			
		1065	1800			LH			

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	face
										5 ✓

measured by	date	fitted by	date	CASH	CHEQUE	SPREE
				INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1st 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 A 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 £ _____

DEPOSIT £ _____

BALANCE £ **610.00**
732.00

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

Special Instructions

(Handwritten signature)

NRL1163967