

C ALBA Medical Practice
A Queens Ro

Alison McMan
Tel: 01224 565434
Tel. work
mobile
email

DATE
MEASURED/ORDERED
15/07 12L

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

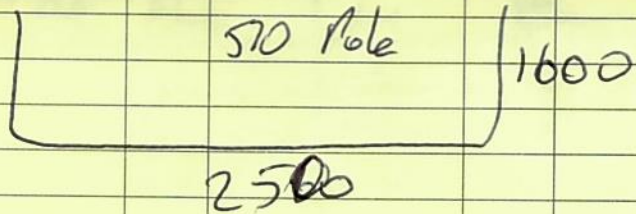
AM PM (MEASURING TIME)		
MON		
TUE		
WED		
THU		
FRI		

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	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
Room 516	600	1744	25mm	White	LH	2200	Ways	
	1230	↓	↓	↓	LH	↓	↓	
	600	↓	↓	↓	RH	↓	↓	



alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
									<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</i>			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 50% deposit and the remaining balance on the day of fitting. If payment is not made in full at that time Aberdeen 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.

TOTAL PRICE £
DEPOSIT £
BALANCE £ 609 + Vax

To Be Confirmed
PRICE ACCEPTANCE
Customer's Signature

Special Instructions
[Signature]

EMAIL TO NINE - NOT PECOS OR NHS
PRIVATE

