

ABERDEEN BLIND COMPANY

32 Esslemont Avenue
Aberdeen
AB25 1SP
Tel: 01224 637609
Fax: 01224 631172
Email: sales@aberdeen-blinds.co.uk

45907

CUSTOMER
ORDER No.

Customer's Name Coleen Simpson

Address 15 Keith Crescent

Balmedie Post Code AB2382S

| | |
|-----------|--------------------|
| Tel. home | |
| Tel. work | |
| mobile | <u>07941033205</u> |
| email | |

DATE
MEASURED/ORDERED
6/June/23

| | |
|-----------|--------------|
| CURTAINS | |
| PLEATED | |
| ROLLERS | <u>✓ 4-6</u> |
| ROMANS | |
| SHUTTERS | |
| VENETIAN | |
| VERTICALS | |
| VISION | |
| WOODEN | |

| | | AM PM (MEASURING TIME) | | P/CUST |
|-----|----------|------------------------|--|--------|
| MON | | | | NET |
| TUE | <u>✓</u> | <u>9-12</u> | | PRESS |
| WED | | | | RADIO |
| THU | | | | MAG. |
| FRI | | | | VAN |
| | | | | RECC. |
| | | | | SHOP |
| | | | | TV |
| | | | | YELL P |
| | | | | OTHER |

| | | AM PM (FITTING TIME) | |
|-----|--|----------------------|--|
| MON | | | |
| TUE | | | |
| WED | | | |
| THU | | | |
| FRI | | | |

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 |
|-------------------------|-----------------|-----------------|----------------|------------------|------------------|-----------------|------------------------|----------------|
| Living | 1522 | 1230 | Raw | | | 2400 | | 2 |
| Cous | 1300 | 1650 | | Black | LH | | | 104 |
| 2620-3 440-6 | 1300 | | | White | RH | | | 184 |
| Room | 900 | | | | RH | | | 117 |
| Room | 757 | 1400 | | | LH | | | 104 |
| | | | | | | | | <u>847</u> |

AKC

| | | | | | | | | | | | | | |
|------|------------|-------|-------|------------|--------|--------|-------|-------------|-----------|----------|-----------|--------------|------|
| alum | anthracite | black | brown | champ-gold | chrome | silver | white | recess size | motorised | wood fix | stone fix | brackets top | face |
|------|------------|-------|-------|------------|--------|--------|-------|-------------|-----------|----------|-----------|--------------|------|

| | | | | | |
|--------------------|-----------|------|---------|--------|-------|
| 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 Blind 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 £ 730

DEPOSIT £

BALANCE £

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

Special Instructions

[Signature]