

Customer's Name *Margaret Wall*  
Address *447 Gt Western Rd*

Post Code *AB10 6NZ*

Tel. home  
Tel. work  
mobile *077 39040413*  
email

DATE MEASURED/ORDERED  
*14 11 23*

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	<i>✓</i>
WOODEN	

AM PM (MEASURING TIME)

MON		
TUE	<i>✓</i>	
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
<i>Living</i>	<i>671</i>	<i>1630</i>	<i>Vis</i>	<i>Rimini</i>	<i>LH</i>	<i>2300</i>		
<i>↓</i>	<i>670</i>	<i>↓</i>	<i>↓</i>	<i>Dark</i>	<i>RH</i>	<i>↓</i>		
				<i>Wine</i>				
							<i>Wine H/S + B/S</i>	

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
								<i>✓</i>				<i>✓</i>

measured by <i>[Signature]</i>	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 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 *£500*

DEPOSIT *£250* *shop to call*

BALANCE *£250*

To Be Confirmed

PRICE ACCEPTANCE  
Customer's Signature  
*[Signature]*

Special Instructions