

Customer's Name *Stephanie Yeats*
Address *33 Whitehills Pl*
Love
Abdn Post Code *AB12*
3UQ

Tel. home
Tel. work
mobile *07972633304*
email

DATE
MEASURED/ORDERED
18 3 24

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

AM PM (MEASURING TIME)

MON		<i>✓</i>
TUE		
WED		
THU		
FRI		

AM PM (FITTING TIME)

MON		
TUE		
WED		
THU		
FRI		

PICT	
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>NOBCESSARY</i> LH	<i>529</i>	<i>1076</i>	<i>P/K</i>	<i>BELLA</i>	<i>LH</i>	<i>2100</i>	<i>WHITE ZO</i>	<i>187</i>
RH	<i>530</i>	<i>1075</i>	<i>Roll</i>	<i>DOVE</i>	<i>RH</i>	<i>2100</i>		<i>187</i>
				<i>(2/0)</i>				
							<i>TOT</i>	<i>374</i>
							<i>DISC</i>	<i>340</i>

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>DAVID</i>			INVOICE	CARD	

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 a 50% deposit and the remaining balance when confirming the installation appointment. If payment is not made in full at that time, Aberdeen Blinds have the right to refuse to install the products 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 £ *340*
DEPOSIT £
BALANCE £

To Be Confirmed
Q
PRICE ACCEPTANCE
Customer's Signature

Special Instructions
BELLA DOVE