

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

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

50254

**CUSTOMER
ORDER No.**

Customer's Name Russell
Address 20 Castleton
Court
Post Code A13 1B
SDN

Tel. home	
Tel. work	
mobile	<u>07780 474498</u>
email	

DATE
MEASURED/ORDERED
26/06/12

CURTAINS	
PLEATED	
ROLLERS	<input checked="" type="checkbox"/>
ROMANS	
SHUTTERS	<u>2/3</u>
VENETIAN	
VERTICALS	
VISION	
WOODEN	

		AM PM (MEASURING TIME)	
MON			
TUE			
WED			
THU	<input checked="" type="checkbox"/>		
FRI			

		AM PM (FITTING TIME)	
MON			
TUE			
WED			
THU			
FRI			

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

Balance for order payable on arrangement of installation

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
<u>Living Rm</u>	<u>1280</u>	<u>1585</u>	<u>Roll</u>	<u>Benabolist</u>	<u>LH</u>	<u>2600</u>		<u>180</u>
	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>+</u>	<u>RH</u>	<u>↓</u>		<u>180</u>
								<u>350</u>

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<u>[Signature]</u>			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 DELIVER 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 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 £ 350

DEPOSIT £

BALANCE £

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

Special Instructions

Q

Customer's Name Russell
Address 20 Castleton
Court
Post Code AB16
5DN

Tel. home _____
Tel. work _____
mobile 07780 474498
email _____

DATE
MEASURED/ORDERED
26/06/25

CURTAINS	
PLEATED	
ROLLERS	<input checked="" type="checkbox"/>
ROMANS	
SHUTTERS	<u>2/3</u>
VENETIAN	
VERTICALS	
VISION	
WOODEN	

AM PM (MEASURING TIME)		
MON		
TUE		
WED		
THU	<input checked="" type="checkbox"/>	
FRI		

AM PM (FITTING TIME)		
MON		
TUE		
WED		
THU		
FRI		

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

Balance for order payable on arrangement of installation

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
<u>Living RM</u>	<u>1285</u>	<u>1585</u>	<u>Roll</u>	<u>Bohag Bolier</u>	<u>LH</u>	<u>2500</u>		<u>181</u>
	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>+</u>	<u>RH</u>	<u>↓</u>		<u>181</u>
								<u>350</u>

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

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TOTAL PRICE £ 3500
DEPOSIT £ _____
BALANCE £ _____

To Be Confirmed
PRICE ACCEPTANCE
Customer's Signature

Special Instructions
[Signature]