

# Aberdeen Blind Company

## Customer Satisfaction & Completion Form

32 Esslemont Avenue, Aberdeen AB25 1SP | Tel: 01224 637609

### Customer Details

Customer Surname: \_\_\_\_\_

Ticket Number: \_\_\_\_\_

### Installation Checklist

- Child safety devices shown and explained
- Customer shown how to operate the blinds

### Installer Details

Work Carried Out By:                     APC                     Date:                     23/09/26                    

### Additional Information

Works Outstanding:  Yes  No    Fault Report Attached:  Yes  No

### Work Completion Confirmation

I confirm that the work carried out has been completed to my satisfaction.

Name: \_\_\_\_\_

Signature:                     [Handwritten Signature]                    

Date: \_\_\_\_\_

Thank you for choosing Aberdeen Blind Company.