



INVOICE

Invoice No.
Account Number
Invoice Date

Tel:
 Email:
 Website:
 :

Invoice To	
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Deliver To	
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Customer Message	
<p>ALL BLINDS REMAIN THE PROPERTY OF BLINDS EXPERT UNTIL PAID FOR IN FULL. LATE PAYMENT WILL INCUR FURTHER CHARGES.</p>	

Net:	0.00
:	0.00
Total:	0.00
Paid:	0.00
Balance:	0.00

Payment by Bacs. Bank Name: , Account Name: , Sort Code: , Account Number: .
 Please provide quote/invoice number on all payments.