



Tel: 028 9085 2525



Firgrove House
40 Ballyrobin Road
Templepatrick
Ballyclare
BT39 0JH

Tel: 02894439101
Email: info@cityblindsni.co.uk
Website: www.cityblindsni.co.uk
VAT: GB392664617

INVOICE

| |
|------------------------|
| Invoice No. |
| 22735 |
| Account Number |
| MEDI1003 |
| Invoice Date |
| 23-08-2022 |
| Cust. Reference |
| Joyce (manager) |

| | |
|-------------------|---|
| Invoice To | Medical Associates 25 Derryvogie Ave Malon Belfast |
|-------------------|---|

| | |
|-------------------|---|
| Deliver To | Medical Associates 25 Derryvogie Ave Malon Belfast |
|-------------------|---|

| Item | Qty | Description | Each | VAT | Total |
|------|-----|---------------------------------|---------|--------|----------|
| | 1 | Hampton shutters x 3 cafe style | 1600.00 | 320.00 | 1,920.00 |

| |
|-------------------------|
| Customer Message |
| |

| | |
|------------------|------------------|
| Subtotal: | £1,600.00 |
| VAT: | £320.00 |
| Payments: | £1,920.00 |
| Total: | £0.00 |

Payment by Bacs. Bank Name: xxxxxx, Sort Code: 09 01 28, Account Number: 86548664. Please provide quote/invoice number on all payments.

Remittance Advice

| | |
|---------------|------------------------|
| Customer: | Medical Associates |
| Invoice: | 22735 |
| Invoice Date: | 23/08/2022 |
| Total Due: | £0.00 |
| Paid: | £ <input type="text"/> |

Please detach and send with payment to:

City Blinds
Firgrove House
40 Ballyrobin Road
Templepatrick
Ballyclare
BT39 0JH