



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.	15294
Account Number	ANTR1006
Invoice Date	28-07-2020
Cust. Reference	TERESA BEATTY

Invoice To	FAMILY PRACTISE ANTRIM HEALTH CENTRE 32 STATION RD ANTRIM
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Deliver To	FAMILY PRACTISE ANTRIM HEALTH CENTRE 32 STATION RD ANTRIM
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Item	Qty	Description	Each	VAT	Total
Verticals	1	Verticals, 38 7/8 x 39 5/8, Unilux, Cream, Top Fix, Split, Right, WHITE WEIGHTS + CHAIN, System Vogue,			
Verticals	1	Verticals, 39 7/8 x 39 1/2, Unilux, Cream, Top Fix, Split, Right, WHITE WEIGHTS + CHAIN, System Vogue,			
Verticals	1	Verticals, 39 7/8 x 40 Unilux, Cream, Top Fix, Split, Right, WHITE WEIGHTS + CHAIN, System Vogue,			
Verticals	1	Verticals, 40 1/8 x 39 5/8, Unilux, Cream, Top Fix, Split, Right, WHITE WEIGHTS + CHAIN, System Vogue,			
Verticals	1	Verticals, 37 1/2 x 39 1/4, Unilux, Cream, Top Fix, Split, Right, WHITE WEIGHTS + CHAIN, System Vogue,			

Customer Message

Subtotal:	£210.00
VAT:	£42.00
Payments:	£0.00
Total:	£252.00

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:	FAMILY PRACTISE
Invoice:	15294
Invoice Date:	28/07/2020
Total Due:	£252.00
Paid:	£ <input type="text"/>

Please detach and send with payment to:

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