



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. | 17072 |
| Account Number | 1CAR1011 |
| Invoice Date | 14-01-2021 |
| Cust. Reference | 1 CAROLON PARK |

| | |
|-------------------|---|
| Invoice To | Manor Healthcare Daogh Road Ballyclare, BT9 |
|-------------------|---|

| | |
|-------------------|---|
| Deliver To | Manor Healthcare Daogh Road Ballyclare, BT9 |
|-------------------|---|

| Item | Qty | Description | Each | VAT | Total |
|---------|-----|--|------|-----|-------|
| Rollers | 1 | Rollers, 22 5/8 x 54 Splash, Paper, Left Hand Side, System 32mm, | | | |
| Rollers | 1 | Rollers, 39 7/8 x 54 Splash, Paper, Right Hand Side, System 32mm, | | | |
| Rollers | 1 | Rollers, 22 1/4 x 54 1/8, Splash, Paper, Right Hand Side, System 32mm, | | | |

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

| | |
|------------------|----------------|
| Subtotal: | £108.33 |
| VAT: | £21.67 |
| Payments: | £0.00 |
| Total: | £130.00 |

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: | Manor Healthcare |
| Invoice: | 17072 |
| Invoice Date: | 14/01/2021 |
| Total Due: | £130.00 |
| Paid: | £ <input style="width: 150px; height: 15px;" type="text"/> |

Please detach and send with payment to:

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