

CONTROLUX LIMITED

T/A Supreme Shutters

Telephone: 020 3044 2988

Email: info@controlux.co.uk

SALES ORDER

SOLD TO:

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|--------------------|--------------|
| CUSTOMER ORDER NO. | DATE |
| ORDERED BY | SALES PERSON |
| DELIVER TO: | |
| | |
| | |

HOME No: _____ MOBILE No: _____ WORK No: _____

Email: _____

| DESCRIPTION | TOTAL | | | |
|--|--------------------|----------------------|-----------|-------|
| UNIT 3 TRIDENTS COURT. | | | | |
| REPAIR TO BLIND IN GLAZED UNIT. GLASS WOULD NOT TURN. | | | | |
| AN COMPLETED | | | | |
| INV. 4165 13/6/23 | | | | |
| OFFICE USE ONLY | Job No: | Bank Details: | SUB TOTAL | 60.00 |
| | P.O. No: | Sort Code: 20-05-57 | VAT | |
| | | Account No: 60133892 | TOTAL | |
| ORDER RECEIVED BY | CUSTOMER SIGNATURE | | | |

NOTICE OF THE RIGHT TO CANCEL: This right can be exercised by delivering, or sending notice to CONTROLUX LTD at any time within the period of 7 days starting with the date of receipt of this notice. If you wish to cancel the contract you MUST DO SO IN WRITING and deliver personally or send (which may be by electronic mail) this to the person named below. You may use this form if you want to but you do not have to. (Complete, detach and return this form ONLY IF YOU WISH TO CANCEL THE CONTRACT.)

To: _____ [trader to insert name and address of person to whom notice may be given.]
I/We (delete as appropriate) hereby give notice that I/We (delete as appropriate) wish to cancel my/our (delete as appropriate) contract.

[Trader to insert reference number, code or other details to enable the contract or offer to be identified]. He may also insert the name and address of the consumer.]

Signed _____ Date _____
Name and Address _____

