



Unit 1 B, Mugiemoss Road, Aberdeen AB21 9US
 Tel: 01224 662884 - Fax: 01224 663018
 Email: sales@grampian-blinds.co.uk

Customer's Name John Watt
 Address 47 URBORHART ROAD
AB24 Post Code 5LR

Tel. home
 Tel. work
 mobile 07899991129
 email

DATE MEASURED/ORDERED
7 9/20
 Measured By:
Gemma

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<input checked="" type="checkbox"/>
VISION	
WOODEN	

SPECIAL INSTRUCTIONS **17104**
Am
Call on way Living Room
Fit to front of recess

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LIV	1083	1800	89		RR	2500	128.
BB	1110 730	1748	89	Memphis white	LL	2500	95
FB	1040	1773	89	sill off -	LRB	2500	128
				* customer aware windows won't open			351

SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE FITTED, THEN THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR CONTRACT. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH INSTALLATION HAS NOT BEEN CARRIED OUT.

I have ordered the above goods and agree to pay the amount shown in full at the time of fitting. If payment is not made in full at that time Grampian Blinds has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £ 300
 DEPOSIT £ ~~150~~ 150
 BALANCE £ 150

PRICE ACCEPTANCE Customer's Signature
Gone ahead.
 CASH _____ CHEQUE _____ CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING
BBSA
 BRITISH BLIND & SHUTTER ASSOCIATION