



Tel: 01224 575201
 Email: sales@sunriteblindsaberdeen.com
 www.aberdeenblinds.co.uk

Customer's Name Jass
 Address 11 Broadlykes Drive
Kempwell Post Code AB15

DATE MEASURED/ORDERED
22/09/20
 Measured By:
Gemma

SPECIAL INSTRUCTIONS
4/5
X2

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tel. home 8UE
 Tel. work
 mobile 07889649097
 email

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

rail type & colour alum white brown	white chain	welded in weight	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
<u>BB</u>	<u>1126</u>	<u>1101</u>	<u>89</u>	<u>Nahla silver</u>	<u>LL</u>	<u>2050</u>	<u>117</u>
<u>side</u>	<u>1158</u>	<u>1388</u>	<u>89</u>	<u>B.</u>	<u>RHS</u>	<u>2050</u>	<u>129</u>
							<u>246</u>

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 Sunrite 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. Deposit non-refundable if customer cancels. Full T's & C's on website.

TOTAL PRICE £ 222
 DEPOSIT £ 111
 BALANCE £ 111

PRICE ACCEPTANCE Customer's Signature

Gone ahead.

CASH CHEQUE _____ CARD _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

