

GRAMPIAN BLINDS

3, Mugiemoos Road, Aberdeen AB21 9US
 1224 662884 - Fax: 01224 663018
 ail: sales@grampian-blinds.co.uk

Customer's Name **MILLER**
 Address **82 HILTON PL AB24** Post Code **LL0Y**

Tel. home **494950**
 Tel. work
 mobile
 email

DATE MEASURED/ORDERED
13/10/20
 Measured By:
Gemma

SPECIAL INSTRUCTIONS

Am

Lm 9-11

17367

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

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

Fitted By **RM** DATE **11/11** 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
LFB	2055	1573	89		RH	2450	191
RFB	2072	1576	89	Blenheim white	LH	2450	191
				with weights		325	382
				& chain		or	191
						weights & chain	191
							24
							24
							430
						366	

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 £ **366**
 DEPOSIT £ **183**
 BALANCE £ **183**

PRICE ACCEPTANCE Customer's Signature

Gone ahead

CASH **CHEQUE** CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

