



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

Customer's Name WOOD  
 Address 25 Rosewell Pl  
ABDN  
AB15 Post Code bHN

Tel. home \_\_\_\_\_  
 Tel. work \_\_\_\_\_  
 mobile 07754450500  
 email \_\_\_\_\_

DATE MEASURED/ORDERED  
7/7/21

Measured By:  
Sarah

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

SPECIAL INSTRUCTIONS  
Am  
530 x 6  
795 x 6  
1060 x 3  
Stone Fix

18780

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"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Lounge	<del>3180</del> 3179	<del>1187</del> 1194	25/shutters	0150 (A)	Std	2300	£320-
Bedroom	3051	<del>1120</del> 1128	25/shutters	↓	std.	2300	£244-
						Total	£564-

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 50% deposit and the remaining balance on the day 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 £ 500-  
 DEPOSIT £ 250-  
 BALANCE £ 250-

PRICE ACCEPTANCE Customer's Signature \_\_\_\_\_

CASH  CHEQUE  CARD

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