



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

Customer's Name Gordon
 Address 27 Auchinyell
New Garthdee
AB 10 Post Code 7DT

Tel. home
 Tel. work
 mobile 07710543259
 email

DATE MEASURED/ORDERED
22/7/21

Measured By:
Sarah

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

SPECIAL INSTRUCTIONS
Pm
Needs 1st call AM for fitting -
CALL on way
Perfect fit
10AM

18911

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Lounge	775	231	Pfit	0150 (A) 20mm white frames	LH	200ward	£112-
	775	859	VERS		LH	300ward	£156-
	775	231			RH	200ward	£112-
	775	859			RH	300ward	£156-
Front Bed	1096	231	Pfit		RH	200ward	£178-
	1096	878	VERS		RH	300ward	£177-
Back Bed	1096	231	Pfit		RH	200ward	£178-
	1098	878	VERS		RH	300ward	£177-
Total							£1146
							£1000
							£950

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 £ 950-
 DEPOSIT £ 475 paid
 BALANCE £ 475-

PRICE ACCEPTANCE Customer's Signature _____

CASH _____ CHEQUE _____ CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

