

# CRUICKSHANK BLINDS

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www.cruckshank-blinds.co.uk

Customer's Name David Buchan  
Address 2 Waterton Park  
Ellon  
Post Code AB41 4JL

Tel. home  
Tel. work  
mobile 07727160291  
email

DATE MEASURED/ORDERED  
11/07/25  
Measured By:  
Lewis

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS 0574

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

Fitters Req. Est. Time Special RA (separate sheet)

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Kitchen	1022	1140	PF Roller		Lh	1900	245
p Bedroom	683	860	↓	B/O	Lh	2000	180
	781	962		B/O	Rh	2000	180
SMBR	683	861	↓		Lh	2000	180
	781	961			Rh	2000	180
							465
							868
							825

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.

It is our responsibility to supply you with goods that meet your consumer rights. If you have any concerns that we have not met our legal obligations please contact us. Unless stated, goods and installation service come with 12 month warranty. Full T's & C's on our website. I have ordered the above goods and agree to pay 50% deposit and the remaining balance when confirming fitting appointment. If payment is not made in full at that time Cruickshank 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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

*(Signature)*

**ORDER BALANCE  
TO BE PAID FOR  
AT FITTING  
CONFIRMATION**

CASH  CHEQUE  CARD

