



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

Customer's Name COOK
 Address 14 Old Town Rd
ABDYNE
AB34 Post Code 5QH

Tel. home _____
 Tel. work _____
 mobile 07776225816
 email _____

DATE MEASURED/ORDERED
22/5/18
 Measured By: _____

SPECIAL INSTRUCTIONS
9/12

11841
 Client
 NET _____
 PRESS _____
 RADIO _____
 MAG. _____
 VAN _____
 RECC. _____
 SHOP _____
 P/C _____
 OTHER _____

CURTAINS _____
 SHUTTERS _____
 ROMANS _____
 VENETIAN
 ROLLERS
 VERTICALS _____
 PLEATED _____

Fitted By _____
 DATE DAY AM PM
5/6 TUE _____

rail type & colour
 white brown
 bottom chain white plastic
 recess size
 window not square-
 wood fix
 stone fix
 brackets top face

Room	Width	Drop	Slat Size	Colour	Control H or RH	Fitting Height	Price
Kitchen	1765	1138	Roll	Nova Doregg c	LH		165
	690	1850	3 Roll tension F/R	7163 B	L		130
	690	1850		7163 B	R		130
Clubs	718	1158	Roll	Nova Doregg c	L		84
Seat	702	1164	Roll	Acacia beige	L		64
				on face fix Roll Shuts			
							57
				3 x Roll			
				2 x Tension Ven			
							311

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 £ 311
 DEPOSIT £ 61
 BALANCE £ 250

Coets
 PRICE ACCEPTANCE Customer's Signature
Rollers only.

CASH _____ CHEQUE _____ CARD _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

