



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

Customer's Name CRIG
 Address 9 Westfield
Overan Post Code AB41

Tel. home 606
 Tel. work
 mobile 01972480252
 email

DATE MEASURED/ORDERED
8/2/19
 Measured By:
David

SPECIAL INST

1/5
QUOTE

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

CURTAINS	
PLEATED	
ROLLERS	<u>P/FIT x 2</u>
ROMANS	
SHUTTERS	
VENETIAN	<u>P/FIT x 6</u>
VERTICALS	
VISION	
WOODEN	

Call on way plz
may ask for price match

Fitted By	DATE	DAY	AM	PM

alum	white	brown	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KITCHEN	680	761	VEN	WHITE 0204. WHITE	LH	2400.	127
	677	762	25	PVC. 20mm bars. SUEEN.	RH	2400.	127
LOUNGE DOOR	692	1785		GET 20+24 BRACKETS	LH		168
	945	1905			RH		210
	760	1805			LH		193
LOUNGE FRONT	877	1805			RH		193
Bedroom							117
							133
Bedroom LH	620	977	P/FIT	1/20 (1/20) MEM		2400	133
	620	975	RH	1/20 (1/20) MEM		"	133
							117.
							1252.

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 Scotblinds, 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 ^{925 950 -130}
 DEPOSIT £ 200 ²²⁵ Go Ahead
 BALANCE £ 750 ⁷⁰⁰

PRICE ACCEPTANCE Customer's Signature

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

