



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

Customer's Name Wallace
 Address 19 The Paddock
PETER CULTER
AB14 Post Code CV6

Tel. home	
Tel. work	<u>734469</u>
mobile	
email	

DATE MEASURED/ORDERED	<u>14/3/19</u>
Measured By:	

SPECIAL INSTRUCTIONS	
<u>9/10</u>	

14107

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<input checked="" type="checkbox"/> X 2
VISION	
WOODEN	

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	brackets face
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Piano Room	1168	1157	89	Florence White (A)	R/RH	2200	£103-
						2200	
Spare Room	1168	1155	89	Florence White (A)	R/RH		£103-
						Total	£206-
							9.9%
						less discount	£186

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 £ 186-

DEPOSIT paid £ 36-

BALANCE £ 150-

PRICE ACCEPTANCE Customer's Signature

ing Wallace

CASH	CHEQUE	<input checked="" type="checkbox"/> CARD
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

