



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

DATE MEASURED/ORDERED
 31/5/19

Measured By:
 [Signature]

SPECIAL INSTRUCTIONS
 ANI
 Clarence steel (D)
 or
 winter silver (D)
 or
 Mem Gen(A)

14707

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

Customer's Name S Osborne
 Address 12 OGILVIE BUILDINGS
77 DEE STREET
AB11 Post Code 6FF

CURTAINS	
PLEATED	
ROLLERS	✓ PF x3
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tel. home	
Tel. work	
mobile	07898792644
email	

Fitted By	DATE	DAY	AM	PM
	19/6	Wed	✓	

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price (A)	Price (D)
bed	755	1277	P-F	wood/screw in	(C) 184	236	150	172
	790	1390	roll	F/F F/W		22m		
				(SILVER FRAME)				
bed	758	1278	P-F roll or	intu pleat	(C) 184	236	150	172
	758	1278			184	236	150	172
					184	236		
				LUNA CLOUD BLACKOUT				
				INTU SILVER RAILS X3				
				(D) pleat				
				Cotton 236 x3				
				(Q) A roll PF (C) SF Intu pleat				

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	£ 603
DEPOSIT	£ 121
BALANCE	£ 482

PRICE ACCEPTANCE Customer's Signature
 GO AHEAD GIVEN [Signature]

CASH	CHEQUE	CARD
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

